

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90500 008 \*\*\*150.00

**DOCUMENT # P98000095575**

1. Entity Name

**JERK CENTER RESTAURANT CORP.**

Principal Place of Business

**2070 N. UNIVERSITY DRIVE  
 CORAL SPRINGS FL 33071**

Mailing Address

**2070 N. UNIVERSITY DRIVE  
 CORAL SPRINGS FL 33071**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0875130**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SINCLAIR, SANDRA  
 5067 NW 120 AVE  
 CORAL SPRINGS FL 33076**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!  
 After MAY 1, 2001 Fee IS \$150.00  
 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **SINCLAIR, HARRY**  
 STREET ADDRESS **5067 NW 120 AVE**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **SINCLAIR, SANDRA**  
 STREET ADDRESS **5067 NW 120 AVE**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that the signature of the corporation or the receiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with any address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/22/01 954-752-4897**  
 Date Daytime Phone #

CR2E034 (10/00)

Attachment Jerk Center Rest.  
2070 N. University Dr.  
Coral Springs, FL 33071  
May 22, 01.

Florida Department of State  
Division of Corporations

2001 Uniform Business Report. B0058643

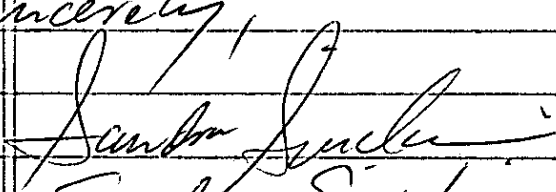
Doc# — 9980001095-575

Dear Sir/Madam:

I am not sure when this mailing was received. But it fell behind our filing cabinet. It was found this past Sunday while we were doing a general cleaning of the restaurant.

Enclosed you will find the check for payment due by May 1<sup>st</sup>, 2001.

Please forgive our negligence, and we promise to be more careful in the future.

Sincerely,  
  
Sandra Sinclair