## 2003 FOR PROFIT CORPORATION

## May 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P99000043781 DOCUMENT # 05-05-2003 91890 042 \*\*\*150.00 1. Entity Name JORJA WERTICH REAL ESTATE, INC. Principal Place of Business Mailing Address 1400 GRASSLANDS BLVD 1400 GRASSLANDS BLVD LAKELAND FL 33803 LAKELAND FL 33803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3575374 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fee: Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE CR2E034 (10/02) Delete Addition NAME WERTICH, JORJA NAME 1400 GRASSLANDS BLVD STREET ADDRESS STREET ADDRESS TY-ST-ZIP النو LAKELAND FL 33803 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition Delete ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Chance ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the 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 my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

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