## FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 03, 2001 8:00 am DOCUMENT # **P99000052824 Secretary of State** JERRY'S TRACTOR SERVICE INC. 05-03-2001 91007 048 \*\*\*150.00 Principal Place of Business Mailing Address 9406 126TH AVENUE 9406 126TH AVENUE FELLSMERE FL 32948 FELLSMERE FL 32948 2. Principal Place of Business 3. Mailing Address 302-Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ity & State City & State Applied For 65-0926785 Not Applicable Country S A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, JERALD E SR. 9406 126TH AVENUE FELLSMERE FL 32948 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE Delete TITLE 1th, Jeron Ave SMITH, JERALD E SR. NAME 302 STREET ADDRESS STREET ADDRESS 9406 126TH AVENUE clismere, FL. 32948 CITY-ST-ZIP CITY-ST-ZIP FELLSMERE FL 32948 TITLE Delete TITLE th, Laura Schuler NAME SMITH, LAURA SCHULAR NAME STREET ADDRESS STREET ADDRESS 9406 126TH AVENUE CITY-ST-ZIP CITY-ST-ZIP FELLSMERE FL 32948 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/27/0/ 56/57/0438

☐ Change

☐ Addition