2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000078802

1. Entity Name JURY CORPORATION



Principal Place of Business 162 SOUTHWEST 51ST TERRACE Mailing Address 1318 LAFAYETTE ST

CAPE CORAL FL 33914 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address 1317 S.E. 46 Lane 317 S.E. Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES #207 # 207 Applied For 4. FEI Number 65-0947406 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Lee Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILL-THOMAS-1318 LAFAYETTE ST CAPE CORAL FL 33904 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. Lydia Thiersmann (NOTE: Registered Agent signature required when reinstating) 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 Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Addition JUNG. ANTON NAME NAME 1317 S.E. 46 Lauc, #207 162 SOUTHWEST 51ST TERRACE STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP CITY-ST-ZIP Cape Coral F1, 33 904 TITLE ☐ Delete ☐ Addition NAME LIEDERER-JUNG, MARION 1317 S. E. 46 Lane, #207 Cape Coral, Fr. 33904 162 SOUTHWEST 51ST TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33914 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 acquirate 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 tracket empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 27, 2003 8:00 am

Secretary of State

01-27-2003 90192 029 ***150.00