

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S06681**

1. Entity Name

JERRY'S ENTERPRISES OF ST. LUCIE COUNTY, INC.

Principal Place of Business  
**5311 SUNSHINE STATE PARKWAY  
 FEEDER ROAD  
 FORT PIERCE FL 34951**

Mailing Address  
**5311 SUNSHINE STATE PARKWAY  
 FEEDER ROAD  
 FORT PIERCE FL 34951**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State

Zip      Country      Zip      Country

## 6. Name and Address of Current Registered Agent

**LAWRENCE, JERALDINE  
 5311 SUNSHINE STATE PARKWAY  
 FEEDER ROAD  
 FT. PIERCE FL 34951**

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: *Jeraldine Lawrence*

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

(NOTE: Registered Agent signature required when reinstating)

DATE: *1-14-02*

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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

**TITLE: D.P.  
 NAME: LAWRENCE, JERALDINE  
 STREET ADDRESS: C/O HABITS GRILL, 5311 SUNSHINE ST. PKWY.  
 CITY-ST-ZIP: FORT PIERCE FL**

Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:**

Change  Addition

**TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:**

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**TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:**

Change  Addition

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.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jeraldine Lawrence*

*1-14-02*

Date

Daytime Phone #

CR2E034 (9/01)