2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

V09839 DOCUMENT

1. Entity Name

THE JERISU CORPORATION



FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90016 047 ***150.00

Principal Place of Business 2767 HORSESHOE CT. SARASOTA FL 34235 US			2767 HOR	Mailing Address 2767 HORSESHOE CT. SARASOTA FL 34235 US							
2. Principal P	Place of Busine	ess	3. Mailing	3. Mailing Address					I 1898) 619)) 619)	I MINIT NIBIT TON	
Suite, Apt.	#, etc.		Suite, A _l	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & Si	City & State			4. 1	FEI Number 65-0312295		Applied For Not Applicable	
Zip		Country	Zip	.	Count	ry	5. (Certificate of Status Desired	\$8.75 A		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
						Name					
EISMAN, (_		Street Address			ss (P.O. B	(P.O. Box Number is Not Acceptable)			
	ISESHOE C	Ţ			ŀ				 ,	_	
SARASOTA FL 34235											
						City	FL Zip Code			ode	
			t for the purpose	of changing its	registere	d office or regi	stered ag	ent, or both, in the State of Florida. I a	m familiar wit	h, and accept	
the obligat	ions of registe	ered agent.									
SIGNATURE .		** ÷									
	Signature, typed o	or printed name of registered ag	ent and title if applicable	e. (NOTE	E: Registered	Agent signature req	puired when re	einstating) DATI	<u> </u>		
After	May 1, 200	FEE IS \$150.00 3 Fee will be \$550.0 Florida Department						9. Election Campaign Financing Trust Fund Contribution.		.00 May Be ed to Fees	
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS					11.	 -	Ar	DITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 11	
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NAME	EISMAN, G				NAME	Í				_	
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12 Lheroby o	ertify that the	information cumplied w	rith this filing doe	e not qualify for	the even	antion stated in	Section:	110 07(3)(i) Florida Statutae I further (portify that the	information	

Thereby Lemmy man the information supplied with this liting does not quality 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, with all other like empowered.

SIGNATURE:

941-378-2488