

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90023 035 ***158.75

DOCUMENT # V30020

1. Entity Name

JERODE ENTERPRISES INC.

Principal Place of Business

2222 N CYPRESS BEND DR
 SUITE PH2
 POMPANO BEACH FL 33069

Mailing Address

783 FRANCOIS ARTEAU
 SAINTE- FOY
 QUEBEC. CANADA G1V-3G9

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0403295

Applied For

Not

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAYEUR, LARRY 3332 CYP N
 SUITE 408
 SUITE 212
 POMPANO BEACH FL 33069**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **LECLERC, ROLAND**
 STREET ADDRESS **2222 N CYPRESS BEND DR**
 CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Change ☐ *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **MARTINEAU, JEAN**
 STREET ADDRESS **2222 N CYPRESS BEND DR**
 CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Change ☐ *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **LABRECQUE, DENIS**
 STREET ADDRESS **2222 N CYPRESS BEND DR**
 CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Change ☐ *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROLAND LECLERC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 4, 2000
848-5244

Date

Daytime Phone #