

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90410 030 \*\*\*150.00

**DOCUMENT # V30020**

1. Entity Name  
**JERODE ENTERPRISES INC.**

Principal Place of Business <b>2222 N CYPRESS BEND DR          SUITE PH2          POMPANO BEACH FL 33069</b>	Mailing Address <b>783 FRANÇOIS ARTEAU          SAINTE- FOY          QUEBEC, CANADA G1V-3G9</b>
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00020021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>65-0403295</b>	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PAYEUR, LARRY 3332 CYP N  
 SUITE 408  
 SUITE 212  
 POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LECLERC, ROLAND</b>	
STREET ADDRESS	<b>2222 N CYPRESS BEND DR</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEAU, JEAN</b>	
STREET ADDRESS	<b>2222 N CYPRESS BEND DR</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>LABRECQUE, DENIS</b>	
STREET ADDRESS	<b>2222 N CYPRESS BEND DR</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: *March 22nd 2001* Daytime Phone #: *(407) 651-7726*

CR2E034 (10/00)