2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

V30020 **DOCUMENT #**

1. Entity Name

STREET ADDRESS

12. I hereby certify that the information

CITY-ST-ZIP

JERODE ENTERPRISES INC.

222 N CYPRESS BEND DR 787 FRANCOIS ARTEAU SURF PIZ POMPANO BEACH FL 3089 3. Mailling Address Suito, Add. #, ric. CHECK HERE IF MARINS CHANGES City & State Country Zip Country S. Certificate of Status Desired Folk Applicable Zip Country Zip Country S. Certificate of Status Desired Folk Applicable E. Name and Address of Current Registered Agent Name 8. Name and Address of Current Registered Agent Name PAYEUR, LARRY 3332 CYP N SUITE 408 SUITE 22 POMPANO BEACH FL 33089 E. The inbore named entity submids this statement for the purpose of changing ta registered diffice or registered agent, or both, in the State of Fords. I am familiar with, and except the origination of registered agent, or both, in the State of Fords. I am familiar with, and except the origination of registered agent, or both, in the State of Fords. I am familiar with, and except the origination of registered agent, or both, in the State of Fords. I am familiar with, and except the origination of registered agent, or both, in the State of Fords. I am familiar with, and except the origination of registered agent, or both, in the State of Fords. I am familiar with, and except the origination of registered agent, or both, in the State of Fords. I am familiar with, and except the origination of registered agent, or both, in the State of Fords. I am familiar with, and except the origination of registered agent, or both, in the State of Fords. I am familiar with, and except the origination of registered agent, or both, in the State of Fords. I am familiar with, and except the origination of registered agent, or both, in the State of Fords. I am familiar with, and except the origination of registered agent, or both, in the State of Fords. I am familiar with, and except the origination of registered agent, or both, in the State of Fords. I am familiar with, and except the origination of registered agent, or both, in the State of Fords. I am familiar with, and except the origination of registered agent, or both, in th				🔏	SVE TESS					
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Country Zip Country S. Certificate of Status Desired Sa. 75 Additional Foe Required So. Name and Address of Current Registered Agent Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Ad	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAYEUR, LARRY 3332 CYP N Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The databove named certity 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, and present agent agen	City & State		City & State		4. FEI Number 6	EE-UNUSSOE				
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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 feport 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 hustee 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:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90111 024 ***158.75