2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000024448

1. Entity Name



FILED Jan 13, 2003 8:00 am Secretary of State

	JAG, INC.			01-13-2003 90097 (<i>322</i> **** 130.00
1510 WEEP	lace of Business PING WILLOW WAY DD FL 33019	Mailing Address 1510 WEEPING WILLO HOLLYWOOD FL 33019			
2. Principa	Il Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & St	ate	City & State	<u> </u>	4. FEI Number 65-0981559	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable \$8.75 Additional
	6. Name and Address of Curre	nt Registered Agent		7 Name and Address of Name Day	Fee Required
			Name -	7. Name and Address of New Registered	Agent
ROONE					ويوي بالمتاسب
1510 WE	1510 WEEPING WILLOW WAY			Street Address (P.O. Box Number is Not Acceptable)	
HOLLYW	OOD FL 33019				
	•				
			City	FL	Zip Code
the obliga	e named entity submits this statement	for the purpose of changing it	ts registered office or regis	tered agent, or both, in the State of Florida. I am t	familiar with, and accept
	and of registered agent.				and doop!
SIGNATURE					
	Signature, typed or printed name of registered agei	nt and title if applicable. (NO	TE: Registered Agent signature requ	red when reinstating) DATE	
] F	FILE NOW!!! FEE IS \$150.00		· · · · · · · · · · · · · · · · · · ·		
Afte Make Chec	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State		Selection Campaign Financing Trust Fund Contribution,	\$5.00 May Be Added to Fees
10.	OFFICERS AND	DUBECTORS			i
TITLE	D		B 71	ADDITIONO (OLIANIO EO EO E	
NAME			11.	ADDITIONS/CHANGES TO OFFICERS AND	
i	ROONEY, LINDA	☐ Delete	TITLE NAME	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11 Change Addition
STREET ADDRESS	ROONEY, LINDA 1510 WEEPING WILLOW WAY		TITLE	ADDITIONS/CHANGES TO OFFICERS AND	
STREET ADDRESS CITY-ST-ZIP	ROONEY, LINDA		TITLE NAME	ADDITIONS/CHANGES TO OFFICERS AND	
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Intelligible Common Supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (10/02)