

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90121 015 \*\*\*150.00

DOCUMENT # *P00000079997*  
 1. Entity Name  
*Jaguar Enterprises, Inc.*

Principal Place of Business Mailing Address  
*13730 SR 84 #23 Ft. Lauderdale, Fl. 33325* *13730 SR. 84 #23 Ft. Lauderdale, Fl. 33325*

2. Principal Place of Business 3. Mailing Address  
*13730 SR 84 #253* *13730 SR 84 #253*

City & State City & State  
*Ft. Lauderdale, Fl.* *Ft. Lauderdale, Fl.*  
 Zip Country Zip Country  
*33325 USA 33325 USA*

4. FEI Number  Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

*C0053236*

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
*Douglas L. BATES*  
*8211 W. BROWARD BLVD*  
*Suite 230*  
*Plantation, Fl. 33324*

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ 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.   
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  Delete  
*P Richard BATES*  
 STREET ADDRESS *13730 SR 84 #253*  
 CITY-ST-ZIP *Ft. Lauderdale, Fl. 33325*

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
*V/D Steven Reneau*  
 STREET ADDRESS *13730 SR 84 #253*  
 CITY-ST-ZIP *Ft. Lauderdale, Fl. 33325*

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
*S/D PATRICIA BATES*  
 STREET ADDRESS *13730 SR 84 #253*  
 CITY-ST-ZIP *Ft. Lauderdale, Fl. 33325*

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 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]* **Richard BATES** *4/18/01* *954.295.3942*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)