

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90102 016 \*\*\*158.75

**DOCUMENT # S92200**

1. Entity Name  
**JIGSAW, INC.**

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Principal Place of Business      Mailing Address

**4240 CHARLES SAMUEL DR**      **4240 CHARLES SAMUEL DR**  
**TALLAHASSEE FL 32308**      **TALLAHASSEE FL 32308-6412**  
**US**      **US**

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2. Principal Place of Business      3. Mailing Address

*SAME*      *SAME*

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Suite, Apt. #, etc.      Suite, Apt. #, etc.

*11*      *11*

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City & State      City & State

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Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0298377**      Applied For  
 Not Applicable

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	
<b>DOWNIE, SYDNEY</b> <b>4240 CHARLES SAMUEL DR</b> <b>TALLAHASSEE FL 32308</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<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 *Sydney Downie*      DATE *04/30/2000*

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, 2000 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	<b>PSD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DOWNIE, SYD</b>			NAME			
STREET ADDRESS	<b>4240 CHARLES SAMUEL DR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DOWNIE, SYD</b>			NAME			
STREET ADDRESS	<b>4240 CHARLES SAMUEL DR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Sydney Downie*      DATE: *04/30/2000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #