

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V32143 1. Entity Name JAM MER FLEA CONTROL SYSTEM, INC.		
Principal Place of Business 1911 US HWY 301 N STE 150 TAMPA, FL 33619 US		Mailing Address 1911 US HWY 301 N STE 150 TAMPA, FL 33619 US
2. Principal Place of Business	3. Mailing Address	
State, Apt. #, etc.	State, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
FULLER, JEFFREY M. 100 SOUTH ASHLEY DRIVE SUITE 1300 TAMPA, FL 33602		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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____		DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when necessary)</small>		<small>DATE</small>
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME <input type="checkbox"/> Delete HELLMAN, MERVIN STREET ADDRESS 1911 US HWY 301 N STE 150 CITY-ST-ZIP TAMPA, FL 33619	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete GREEN, JAMES E. STREET ADDRESS 1911 US HWY 301 N STE 150 CITY-ST-ZIP TAMPA, FL 33619	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, unless otherwise empowered.		
SIGNATURE: _____		Date: 4/23/03 (813) 621-6878
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>

CR20034 (10/02)