

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91215 038 ***150.00

DOCUMENT # **498121** ✓
1. Entity Name
JACAR, INC.

000414

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5 NORTHEAST LAGOON ISLAND COURT Suite, Apt. #, etc.	3. Mailing Address 5 NORTHEAST LAGOON ISLAND COURT Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State SEWALL'S POINT FL	City & State SEWALL'S POINT FL	4. FEI Number 59-1659421	Applied For <input type="checkbox"/> Not Applicable
Zip 34996	Country	Zip 34996	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
HECKENBERG, JACK H.

Street Address (P.O. Box Number is Not Acceptable)
5 N.E. LAGOON ISLAND COURT

City
SEWALL'S POINT FL Zip Code
34996

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. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT'S HECKENBERG, JACK H. 5 N.E. LAGOON ISLAND COURT SEWALL'S POINT, FL 34996	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jack Heckenberg, Inc.* 4/30/02 223-5592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)