

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92209 002 ***150.00

DOCUMENT # 498121
1. Entity Name JACAR, INC.

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.
--	--

City & State SEWALL'S POINT FL	City & State SEWALL'S POINT FL
Zip 34996	Zip 34996

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1659421	Applied For <input type="checkbox"/> Not Applicable
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
State 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS HECKENBERG, JACK H. 5 N.E. LAGOON ISLAND COURT SEWALL'S POINT, FL 34996	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	HECKENBERG, JACK H. 5 N.E. LAGOON ISLAND COURT SEWALL'S POINT, FL 34996	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jack Heckenberg Pres Date: 4/30/03 Daytime Phone #: 772-223-5592

CR2E034B (12/02)