

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

DOCUMENT # **H03668**

1. Entity Name
BASEBALL JAX INC.



Principal Place of Business
1201 EAST DUVAL
JACKSONVILLE FL 32202-1817

Mailing Address
1201 EAST DUVAL
JACKSONVILLE FL 32202-1817

2. Principal Place of Business **301 A. Philip Randolph**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Jax FL

City & State

Zip **32202** Country **Duval**

Zip

Country

4. FEI Number **59-2443700**

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRAGAN, PETER JR
1201 E DUVAL ST
JACKSONVILLE FL 32202

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAGAN, PETER SR		NAME
STREET ADDRESS	1201 E. DUVAL ST.		STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP
TITLE	VD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAGAN, PETER JR.		NAME
STREET ADDRESS	1201 E. DUVAL ST.		STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP
TITLE	VD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAGAN, BONITA		NAME
STREET ADDRESS	1201 E. DUVAL ST.		STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP
TITLE	TSD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAGAN, MARY FRANCES		NAME
STREET ADDRESS	1201 E. DUVAL ST.		STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: *Peter Bragan* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-358-2846

Date

Daytime Phone #

CR2E034 (10/02)