

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90608 035 \*\*\*150.00

**DOCUMENT # L62931**

1. Entity Name  
**W. B. JAGGED CORP.**

Principal Place of Business <b>1615 CLARE AVENUE WEST PALM BEACH FL 33401</b>	Mailing Address <b>1615 CLARE AVENUE WEST PALM BEACH FL 33401</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0251254</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**O'CONNELL JR, PHIL D.  
 515 N FLAGLER DR SUITE 1800  
 WEST PALM BEACH FL 33401**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'CONNELL, PHIL D JR</b> <b>515 N FLAGLER DR #1800</b> <b>WEST PALM BCH, FLQ</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ELMORE, GEORGE T.</b> <b>2350 S CONGRESS AVE</b> <b>DELRAY BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BUSSEY, EDWIN O.</b> <b>130 DOLPHIN ROAD</b> <b>PALM BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MURPHY, MARTIN E.</b> <b>1615 CLARKE AVE</b> <b>WEST PALM BEACH FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MARTINELLI, VICTOR</b> <b>1866 STAMFORD CIRCLE</b> <b>WELLINGTON FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Victor Martinelli, **VICTOR MARTINELLI, SECRETARY, 3/2/01** **561-657-3634**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **X 118**

CR2E034 (10/00)