

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-05-2003 90073 019 ***150.00

DOCUMENT # L89434

1. Entity Name
JAGGED PEAK, INC.



Principal Place of Business
**12200 34TH STREET NORTH
SUITE C
CLEARWATER FL 33762-5608
US**

Mailing Address
**12200 34TH STREET NORTH
SUITE C
CLEARWATER FL 33762-5608
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3018794**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DEMIRDJIAN, PAUL
12200 34TH STREET NORTH
SUITE C
CLEARWATER FL 33762-5608**

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

TITLE **SVPS** ☐ Delete
NAME **FABRIZZI, VINCENT J**
STREET ADDRESS **14212 SHEARWATER CT.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **SVPO** ☐ Delete
NAME **FURLONG, DANIEL R**
STREET ADDRESS **534 20TH AVE.**
CITY-ST-ZIP **INDIAN ROCKS BCH. FL**

TITLE **CCEO** ☐ Delete
NAME **DEMIRDJIAN, PAUL**
STREET ADDRESS **3518 SADDLE BACK LANE**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **SRVP** ☐ Delete
NAME **DEMIRDJIAN, PRIMROSE**
STREET ADDRESS **3518 SADDLEBACK LANE**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5017 Shore Crest Dr**
CITY-ST-ZIP **Tampa FL 33609**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Demirdjian, Primrose**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul Demirdjian*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Demirdjian

1/23/2003

727-572-8662

Date

Daytime Phone #

CR2003 (1/1/02)