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Secretary of State
06-30-2003 90065 005 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051184

1. Entity Name
JIGGLES INC.

Principal Place of Business	Mailing Address
~~4126 CENTRAL SARASOTA PLCE #2034 SARASOTA, FL 34238 US~~	~~4126 CENTRAL SARASOTA PLCE #2034 SARASOTA, FL 34238 US~~

[redacted]

2. Principal Place of Business: 5094 Central Sarasota Pky	3. Mailing Address: 5094 Central Sarasota Pkwy
Suite, Apt. #, etc: # 307	Suite, Apt. #, etc: # 307
City & State: SARASOTA FLA	City & State: SARASOTA FLA
Zip: 34238 Country: FLA	Zip: 34238 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1016809 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BELES, MANDELYN
~~4126 CENTRAL SARASOTA PARKWAY~~
~~#2034~~
SARASOTA, FL 34238

7. Name and Address of New Registered Agent

Name: (Same) MANDELYN Belles
Street Address (P.O. Box Number is Not Acceptable): 5094 Central Sarasota Pky APT # 307
City: SARASOTA FL Zip Code: 34238

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	P
NAME	GROFWALLNER, DAVID R
STREET ADDRESS	~~120 E RAWSON AVE~~ W127 S6603 Longfellow LA
CITY-ST-ZIP	~~OAK CREEK, WI 53154~~ Muskego WI 53150

☐ Delete (×6)

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition (×6)

CR2E034 (10/02)

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: David R Grofwallner 6-21-03 414-425-6232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #