

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

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90062 038 ***150.00

DOCUMENT # **P00000079997**

1. Entity Name

JAGUAR Enterprises, INC.

DO NOT WRITE IN THIS SPACE

825188

2. Principal Place of Business

13911 APPALACHIAN TRAIL

Suite, Apt. #, etc.

3. Mailing Address

13911 APPALACHIAN TRAIL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-1095559

Applied For

Not Applicable

Zip
33325

Country
USA

Zip
33325

Country
USA

5. Certificate of Status Desired **NO**

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DOUGLAS L. BATES

Street Address (P.O. Box Number is Not Acceptable)

8211 W. BOWARD BLVD

Suite 230

City **Plantation**

FL

Zip Code
33324

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
**PRESIDENT - Director P/D
RICHARD A. BATES
13911 APPALACHIAN TRAIL
FT. LAUDERDALE FL. 33325**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Vice - President - Director V/D
PATRICIA A. BATES
13911 APPALACHIAN TRAIL
FT. LAUDERDALE, FL. 33325**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD A. BATES, Pres. 2/15/02 954.816.8553

Date

Daytime Phone #

CR2E034B (12/01)