FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90138 049 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083319

1. Entity Name
JUGGERNAUT ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~101 GULF DRIVE~~ ~~FORT MYERS BEACH, FL 33931~~	~~101 GULF DRIVE~~ ~~FORT MYERS BEACH, FL 33931~~

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
102 SUNSET DR.	102 SUNSET DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ISLAMORADA FL	City & State: ISLAMORADA, FL
Zip: 33036 Country: US	Zip: 33036 Country: US

4. FEI Number 01-0622578 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZUYUS, PETER T SR
~~101 GULF DRIVE~~
~~FT. MYERS BEACH, FL 33931~~

7. Name and Address of New Registered Agent

Name: ZUYUS, PETER T SR
Street Address (P.O. Box Number is Not Acceptable): 102 SUNSET DR.
City: ISLAMORADA FL Zip Code: 33036

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] Date: 05/19/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZUYUS, PETER T SR. ~~101 GULF DRIVE~~ ~~FORT MYERS BEACH, FL 33931~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 102 SUNSET DR. ISLAMORADA FL 33036
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Date: 05/19/03 Daytime Phone #: 305 7420106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR