

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

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90046 037 \*\*\*150.00

DOCUMENT # **PD1000048326**

1. Entity Name

**JACARANDA REAL ESTATE & INVESTMENTS, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**404 HARBOR DRIVE N.**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 809**

Suite, Apt. #, etc.

**90092062**

DO NOT WRITE IN THIS SPACE

City & State

**INDIAN ROCKS BEACH, FL**

Zip

**33785**

Country

**USA**

City & State

**CLEARWATER, FL**

Zip

**33757**

Country

**USA**

4. FEI Number

**59-3752897**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**JOHN S. McAvoy**

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

**484 HARBOR DRIVE NORTH**

City

**INDIAN ROCKS BEACH**

FL

Zip Code

**33757**

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

**JOHN S. McAvoy, PRESIDENT**

DATE

**1/10/03**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT, TREASURER, DIRECTOR  
JOHN S. McAvoy  
484 HARBOR DRIVE N.  
INDIAN ROCKS BEACH, FL 33785**

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE

**JOHN S. McAvoy, PRES.**

DATE **1/10/03**

**727-798-6904**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/02)