

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

02-27-2002 90170 001 \*\*\*150.00  
 02-27-2002 90170 002 \*\*\*\*\*8.75

**DOCUMENT # P01000061412**

**1. Entity Name**  
**JAG OVERSEAS, INC.**

**Principal Place of Business**      **Mailing Address**  
 8286 WESTERN WAY CIRCLE SUITE C-1      8286 WESTERN WAY CIRCLE SUITE C-1  
 JACKSONVILLE FL 32256      JACKSONVILLE FL 32256

**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**      **Applied For**  
 59-3736760      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GALIANGO, JOAO A**  
**31217 PARADISE COMMONS #824**  
**FERNANDINA BCH FL 32034**

**Name** GALIANGO, JOAO A.  
**Street Address (P.O. Box Number is Not Acceptable)** 10010 BELLE RIVE BLVD #1312  
**City** Jacksonville      **FL**      **Zip Code** 32256

**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** \_\_\_\_\_ (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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**      ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** DPST      ☐ Delete  
**NAME** GALIANGO, JOAO A  
**STREET ADDRESS** 31217 PARADISE COMMONS #824  
**CITY-ST-ZIP** FERNANDINA BCH FL 32034

**TITLE** DPST      ☒ Change      ☐ Addition  
**NAME** GALIANGO JOAO A  
**STREET ADDRESS** 10010 BELLE RIVE BLVD #1312  
**CITY-ST-ZIP** JACKSONVILLE, FL 32256

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

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**STREET ADDRESS**      ☐ Change      ☐ Addition  
**CITY-ST-ZIP**      ☐ Change      ☐ Addition

**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 Block 12 if changed, or on an attachment with an address with all other like empowered.**

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-13-02      (904) 731-8108  
 Date      Daytime Phone #

00363002 AV

CR2E034 (9/01)