

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90111 001 *****8.75
04-08-2003 90111 002 ***150.00

DOCUMENT # P01000061412



1. Entity Name
JAG OVERSEAS, INC.

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

Mailing Address
**8286 WESTERN WAY CIRCLE SUITE C-1
JACKSONVILLE FL 32256**

2. Principal Place of Business
10580 Roundwood Glen CT

Suite, Apt. #, etc.

3. Mailing Address
same

Suite, Apt. #, etc.

City & State
Jacksonville - FL

City & State

4. FEI Number **59-3736760**

Applied For
 Not Applicable

Zip **32256** Country

Zip Country

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

CHECK HERE IF MAKING CHANGES



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)
10580 Roundwood Glen CT

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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	DPST GALIANGO, JOAO A 10010 BELLE RIVE BLVD 1312 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: **JAG OVERSEAS, INC.** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **04/08/03** Daytime Phone #: **(904) 591-5281**

CR2E034 (10/02)