

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90314 044 ***150.00

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DOCUMENT # **P01000062984**

1. Entity Name
JAERU, INC.



Principal Place of Business
**2710 FIG STREET
TAMPA FL 33609**

Mailing Address
**C/O TEMPLE H. DRUMMOND, ESQ.
~~PO BOX 3275~~
~~TAMPA FL 33601-3275~~**



2. Principal Place of Business

3. Mailing Address

6714 113th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Temple Terrace FL

4. FEI Number **59-3727496**

Applied For

Not Applicable

Zip

Country

Zip

Country

33617

USA

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

**DRUMMOND, TEMPLE H
100 S ASHLEY DRIVE SUITE 1500
TAMPA FL 33602**

Name **Temple H. Drummond, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
6714 113th Avenue

City **Temple Terrace** **FL** Zip Code **33617**

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

3/17/03
DATE

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 Delete
NAME **D GARCIA, RUBEN**
STREET ADDRESS **2710 FIG STREET**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **RUBEN GARCIA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03
Date

Daytime Phone #

CR2E034 (10/02)