

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90413 048 ***150.00

DOCUMENT # P.02000042491

1. Entity Name
JASON MUSGROVE INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5265 Hawk Dr.
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
KISSIMMEE, FL
Zip
34746 Country
USA

City & State
City
Country

4. FEI Number
02 0589915

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name J. N. Musgrove
Street Address (P.O. Box Number is Not Acceptable)
5265 Hawk Dr.
City KISSIMMEE FL Zip Code 34746

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 PRESIDENT
NAME JASON MUSGROVE
STREET ADDRESS 5265 Hawk Dr.
CITY-ST-ZIP KISSIMMEE, FL 34746

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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:

Jason N. Musgrove JASON N. MUSGROVE 4-27-03 407-761-7705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)