

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91094 032 \*\*\*150.00

**DOCUMENT # P02000052527**

1. Entity Name  
**J.A.G. DEVELOPMENT INC.**



Principal Place of Business  
**22010 DEER POINTE CROSSING  
BRADENTON FL 34202**

Mailing Address  
**22010 DEER POINTE CROSSING  
BRADENTON FL 34202**



2. Principal Place of Business

3. Mailing Address

**1605 FALLS OF VENICE CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**VENICE FL 34292**

4. FEI Number

**82-0545591**

Applied For

Not Applicable

Zip

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

**HAVENER, GIA  
1605 FALLS OF THE VENICE CIRCLE  
VENICE FL 34292**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	HAVENER, GIA		
22010 DEER POINTE CROSSING			
BRADENTON FL 34202			
DVD	CUSHING, JERRY W		
1605 FALLS OF VENICE CIRCLE			
VENICE FL 34292			
S	DEJESUS, ALEXANDER		
4287 ECONDIDO CIRCLE			
SARASOTA FL 34238			

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: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03

94-3LD-6792

Date

Daytime Phone #

CR2E034 (10/02)