

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

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

03-17-2003 91097 029 \*\*\*150.00

**DOCUMENT # P02000053462**



1. Entity Name  
**J.A.R. VENTURES, INC**

Principal Place of Business  
P.O. BOX 622107  
OVIEDO FL 32765

Mailing Address  
P.O. BOX 622107  
OVIEDO FL 32765

2. Principal Place of Business  
**1170 Tree Swallow Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**1170 Tree Swallow Dr**  
Suite, Apt. #, etc.

City & State  
**Winter Springs, FL**  
Zip  
**32708**  
Country  
**Seminole**

City & State  
**Winter Springs, FL**  
Zip  
**32708**  
Country  
**Seminole**

4. FEI Number  
**02-0615150**

Applied For  
Not Applicable

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

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

**RINKEL, JOHN A**  
**2697 RUNNING SPRINGS LOOP**  
**OVIEDO FL 32765**

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

Name  
**John A Rinkel**  
Street Address (P.O. Box Number is Not Acceptable)  
**1170 Tree Swallow Dr**  
City  
**Winter Springs** **FL** Zip Code  
**32708**

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 **John A Rinkel**  
Signature, typed or printed name of registered agent and title if applicable.

**President**

(NOTE: Registered Agent signature required when reinstating)

**3-10-03**  
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 ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Director</b>
STREET ADDRESS	<b>Rosa Rinkel</b>
CITY-ST-ZIP	<b>1170 Tree Swallow Dr</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John Rinkel</b>
STREET ADDRESS	<b>1170 Tree Swallow Dr</b>
CITY-ST-ZIP	<b>Winter Springs, FL 32708</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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

**3-10-03** **407-327-2943**  
Date Daytime Phone #

0087698  
AV

CR2E034 (10/02)