

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

06-23-2003 90059 033 ***550.00

DOCUMENT # P02000059003

1. Entity Name
JAKSICH ENTERPRISES, INC.



Principal Place of Business
**760 STARBOARD DR
NAPLES FL 34103**

Mailing Address
**760 STARBOARD DR
NAPLES FL 34103**

55051769



2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
03-0451508

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**NOVATT, JEFF M
821 FIFTH AVE SOUTH, STE 201
NAPLES FL 34102**

Name **ROGER MILLER**
Street Address (P.O. Box Number is Not Acceptable)
5125 CASTELLO DR.
City **NAPLES** FL Zip Code **34103**

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

07/16/03

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**
STREET ADDRESS **JAKSICH, NICHOLAS M**
CITY-ST-ZIP **760 STARBOARD DR
NAPLES FL 34103**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

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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)(j), 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:

Nicholas M Jaksich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-03 239-435-0336
Date Daytime Phone #

CR2E034 (10/02)