

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90266 030 ***150.00

DOCUMENT # P02000059322

1. Entity Name
JUGGERNAUT ENTERTAINMENT, INC.



Principal Place of Business
**PO BOX 15375
TALLAHASSEE FL 32317-5375**

Mailing Address
**PO BOX 15375
TALLAHASSEE FL 32317-5375**

2. Principal Place of Business
2809 SHARER RD

3. Mailing Address
2809 SHARER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

4. FEI Number
11-3648798

Applied For
Not Applicable

Zip
32312 Country
USA

Zip
32312 Country
USA

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

6. Name and Address of Current Registered Agent

**SLAGER, MARCUS B
8219 CHARRINGTON FOREST BLVD
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name
STEPHANE GUERETTE
Street Address (P.O. Box Number is Not Acceptable)
1833 HALLSTEAD BLVD #706
City
TALLAHASSEE FL Zip Code
32309

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)

4/29/2003
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SLAGER, MARCUS 8219 CHARRINGTON FOREST BLVD TALLAHASSEE FL 32312 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAGER, MARCUS 8219 CHARRINGTON FOREST BLVD TALLAHASSEE FL 32312 <input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUERETTE, STEPHANE 1833 HALLSTEAD BLVD #706 TALLAHASSEE, FL 32309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **STEPHANE GUERETTE**

Date **4/29/2003** Daytime Phone # **850-383-1011**

CR2E034 (10/02)