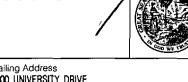
2003 FOI	R PROFIT CORPOR BUSINESS REPOR	ATIC)Ŋ⁄		
UNIFORM	BUSINESS REPOR	<u>T (U</u>	BR		
DOCUMENT #	P02000093616		\$ P. T.		
1. Entity Name JASPER GUY INVESTMENTS CORP.					



FILED									
Sep 15, 2003 8:00 am									
Secretary of State									

09-15-2003 90158 018 ***550.00

Principal Place of Business 4800 UNIVERSITY DRIVE CORAL GABLES FL 33146 2. Principal Place of Business 3. Mailing Address 3. Mailing Address		4800 UNIVERSITY DRIVE	ÜNIVERSITY DRIVE			1 3 2 8 2 2 2 11 2 2 2 2 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2	NI BB NI B (#110	A IMIO DIIOLE	1810 BIH (804)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. F	4. FELNumber > 701100 Applied For				
Zip	Country	Zip	Count	ry	5 . C	Certificate of Status Desired		8.75 Add		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent							
FIGUED IO	ornú i			Name						
FISHER, JO	d dixie highway			Street Addre	ss (P.O. Box Number is Not Acceptable)					
MIAMI FL 3										
11111 11111 1 L O								T = .		
•	<u> </u>			City			FL	Zip Code		
	amed entity submits this statement ns of registered agent.	for the purpose of changing its	registere	d office or reg	istered age	ent, or both, in the State of Florida	ı. I am far	niliar with,	and accept	
* 4 * ,										
SIGNATUREs	ignature, typed or printed name of registered age	nt and title if applicable. (NOTI	E: Registered	Agent signature rec	uired when rei	nstating)	DATÉ			
After I	E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department					9. Election Campaign Financ Trust Fund Contribution.	ing		0 May Be I to Fees	
10.		D DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTORS	3 IN 11	
NAME STREET ADDRESS 4	PD GUY E.F. BOHMER 1800 UNIVERSITY DRIVE CORAL GABLES FL 33146	Delete		T ADDRESS ST-ZIP			C	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP	-		Γ	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP		# K ¹ to # .	<u>, </u>	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREE CITY-1	T ADDRESS	***			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	T ADDRESS ST-ZIP				Change	Addition	
12. I hereby cer	rtify that the information supplied wi	th this filing does not qualify for	r the exem	nption stated in	Section 1	19.07(3)(i), Florida Statutes. I furt	her certify	that the in	formation	

Inereby certify that the information supplied with this filling 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 receive or trustee empowered to execute his 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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daysime Phone *

SIGNATURE: .