

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90313 034 ***150.00

DOCUMENT # P02000121806

1. Entity Name
JAG AIR MECHANICAL, INC.



Principal Place of Business
**1593 BANKS ROAD
MARGATE FL 33063**

Mailing Address
**1593 BANKS ROAD
MARGATE FL 33063**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-3068105

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PARKER, CARLA M
1593 BANKS ROAD
MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name

CHRISTINE JAGAT

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

5857 NW 122 TERRACE

City

CORAL SPRINGS FL

Zip Code

33076

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

Christine Jagat

CHRISTINE JAGAT

1/23/03

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

TITLE **P** ☐ Delete
NAME **JAGAT, HARRY H**
STREET ADDRESS **5857 NW 122 TERRACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE **DIR** ☐ Delete
NAME **JAGAT, HARRY H**
STREET ADDRESS **5857 NW 122 TERRACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE **DIR** ☐ Delete
NAME **JAGAT, CHRISTINE**
STREET ADDRESS **5857 NW 122 TERRACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE **VP** ☐ Delete
NAME **MITCHELL, PETER**
STREET ADDRESS **1593 BANKS ROAD**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **SEC** ☒ Delete
NAME **CABALLERO, PENNY L**
STREET ADDRESS **1593 BANKS ROAD**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **TRES** ☐ Delete
NAME **JAGAT, CHRISTINE**
STREET ADDRESS **5857 NW 122 TERRACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SEC** ☐ Change ☒ Addition
NAME **JAGAT, CHRISTINE**
STREET ADDRESS **5857 NW 122 TERRACE**
CITY-ST-ZIP **CORAL SPRING FL 33076**

TITLE ☐ Change ☐ 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:

Christine Jagat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03

Date

954-978-2220

Daytime Phone #

CR2E034 (10/02)