

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

FILED
May 12, 2003 8:00 am
Secretary of State

04-21-2003 91218 031 ***150.00

DOCUMENT # P02000134720
1. Entity Name
JAZTAK GOLF AND DEVELOPMENT, INC.



Principal Place of Business
**5639 TAYLOR ROAD
NAPLES FL 34109**

Mailing Address
**5639 TAYLOR ROAD
NAPLES FL 34109**

55039728



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
55-0812966 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**STEPHENSON, JAMES R
5639 TAYLOR ROAD
NAPLES FL 34109**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

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	D	<input type="checkbox"/> Delete
NAME	STEPHENSON, JAMES R	
STREET ADDRESS	5639 TAYLOR ROAD	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	President	<input type="checkbox"/> Delete
NAME	Roy Bates	
STREET ADDRESS	17252 Aliso Centre Rd #1 Ft Myers	
CITY-ST-ZIP	FL 33912	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Clean A Zakany	
STREET ADDRESS	17252 Aliso Centre Rd #1 Ft Myers	
CITY-ST-ZIP	FL 33912	
TITLE	Charles M. Lykins Sec	<input type="checkbox"/> Delete
NAME	5639 Taylor Rd.	
STREET ADDRESS	Naples FL 34109	
CITY-ST-ZIP		
TITLE	Paul D Lykins VP	<input type="checkbox"/> Delete
NAME	5935 Taylor Rd.	
STREET ADDRESS	Naples FL 34109	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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)(f), 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 another I am empowered.

SIGNATURE: James R Stephenson **REQUIRED** Date: 02/10/03 Daytime Phone #: 941-594 8494

CR2E034 (10/02)