


2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90426 033 ***150.00

DOCUMENT # P03000001943	
1. Entity Name JIGS QUICK STOP INC.	

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94064168

2. Principal Place of Business 7018 N C 470	3. Mailing Address 7018 N C 470
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State LAKE PANASOFFKEE, FL	City & State LAKE PANASOFFKEE, FL
Zip 33538	Country

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DO NOT WRITE IN THIS SPACE	4. FEI Number 76-0721871		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name PATEL, HIRAL Street Address (P.O. Box Number is Not Acceptable) 7018 N C 470 City LAKE PANASOFFKEE FL Zip Code 33538		

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 *Hiral J. Patel* **DATE** 04/23/04
Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$64.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	P	TITLE	
NAME	PATEL, HIRAL	NAME	
STREET ADDRESS	7018 N C 470	STREET ADDRESS	
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Hiral J. Patel* **DATE** 04/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)