

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000024356

1. Entity Name
JAGUARR TECHNOLOGIES, INC.



Feb 01, 2007 08:00 AM
Secretary of State



Principal Place of Business
10449 HARNEY RD
THONOTOSASSA FL 33592

Mailing Address
10449 HARNEY RD
THONOTOSASSA FL 33592

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

6. Name and Address of Current Registered Agent

GREEN, REBECCA L
10449 HARNEY RD
THONOTOSASSA FL 33592

7. Name and Address of New Registered Agent

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

CityFLZip Code

4. FEI Number
20-0707883

5. Certificate of Status Desired
☐

Applied For
Not Applicable
\$8.75 Additional Fee Required

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 is acceptable (NOTE: Registered Agent signature required when re-registering)DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

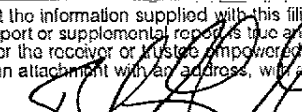
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PD GREEN, REBECCA L 10449 HARNEY RD THONOTOSASSA FL 33592	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	ST GREEN, BRAD G 10449 HARNEY RD THONOTOSASSA FL 33592	☐ Delete
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP	U00000616431 02/07/07-80027-023 150.00	☐ Change ☐ Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  1-17-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #