## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) P92000005950

**DOCUMENT #** 1. Entity Name



## **FILED** Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90120 024 \*\*\*150.00

FREDERICK S. JAEGER, JR., P.	Α.		
Principal Place of Business  322 SILVER BECH  DAYTONA BEACH FL 32716  US	Mailing Address  322 Silver Beach  DAYTONA BEACH FL 32118  US		
2. Principal Place of Business	Ave 1326 S. RIDGEWOOD	AVR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	CHECK HERE	IF MAKING CHANGES  Applied For

Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANG	☐ CHECK HERE IF MAKING CHANGES	
Qity & State n A ni	_City & State	10-1	4. FEI Number	Applied For	
Dos for Broket	DAYLOUA DUR	M, M.	59-3152557	Not Applicable	
Zip 3/1/4	Zip 3 2// 4	Country	5. Certificate of Status Desired Fee Req	Additional juired	
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
	-	Name~ =	and the first of the company of the		
JAEGER, FREDERICK S JR		Street Add	dress (P.O. Box Number is Not Acceptable)		
1326 S RIDGEWOOD AVE					
# 4 /					
DAYTONA BEACH FL 32114		City	FL   Zip '	Code	
	r the purpose of changing its	registered office or re	egistered agent, or both, in the State of Florida. I am familiar v	vith, and accept	
the obligations of registered agent.	the purpose of changing ha	, rogiotoroa amba arri			
SIGNATURE Signature, typed or printed name of registered agent.	and title if applicable. (NOT	E: Registered Agent signature	required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00				55.00 May Be dded to Fees	
Make Check Payable to Florida Department of		44	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 11	
10. OFFICERS AND		11.		inge	
PVTS NAME STREET ADDRESS CITY-ST-ZIP DAYTONA REACH FL 32114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b></b> . ***		
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CITY-ST-ZIP		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	·	
	to this file - does not qualify f	or the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that	t 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 empoyered 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 an an attachment with an address, with all other like empowered.

SIGNATURE