

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90034 015 ***150.00

813300



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000061654

1. Entity Name

J.A.G. COMPONENTS, INC.

Principal Place of Business

Mailing Address

11450 WEST SAMPLE RD.
CORAL SPRINGS FL 33065

11450 WEST SAMPLE RD.
CORAL SPRINGS FL 33065-2457

2. Principal Place of Business

3660 NW 126th Ave

3. Mailing Address

3660 NW 126th Ave

Suite, Apt. #, etc.

Bay 10

Suite, Apt. #, etc.

Bay 10

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

Country

33065-7053 Broward

Zip

Country

33065-7053 Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREGOIRE, JULIE
10091 NW 39TH COURT
CORAL SPRINGS FL 33065

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGOIRE, JULIE		NAME	
STREET ADDRESS	10091 NW 39TH COURT		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGOIRE, DONALD		NAME	
STREET ADDRESS	10091 NW 39TH COURT		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 11 or Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/00 954-255-9293

CR2E034 (9/99)