FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

ַ עוֹ	NIFORM BUSIN	ESS REPO	RT (UBR)	Ja	n 15. 20	03 8:0	0 am
DOCUMENT # P9600061654 1. Entity Name J.A.G. COMPONENTS, INC.						n 15, 20 ecretary 01-15-2003 902		
Principal Place of Business 3660 NW 126TH AVE BAY 10 CORAL SPRINGS FL 33065-7053		Mailing Address 3680 NW 126TH AVE BAY 10 CORAL SPRINGS FL 33065-7053		1.1881/1886 (1)	2 (1113 2111) 25 (11 25 (11 2 5 (11	I AS LIS BUUS KANA SU	II Gliki mana amar	
2. Principal Place of Business		3. Mailing Address			CHECK HERE IF MAKING CHANGES			
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State			4. FEI Number	65-0695096		pplied For lot Applicable
Zip	Country	Zip			5. Certificate of S	Status Desired	\$9.75	lditional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
	Deaue.	ماده ،	NGE	Name		-		
Gregoire, Julie 10091 NW 39TH Court		No-CHANGE Name Street Add		Street Address (I	P.O. Box Number is	Not Acceptable)		
CORAL SPRINGS FL 33065		199			 -		· ·	
			City				FL Zip Coo	
8. The above the obligation	re named entity submits this statement for ations of registered agent.	or the purpose of changing it	s registere	ed office or registere	ed agent, or both, in	the State of Florida.	I am familiar with,	and accept
			*					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature required	urban reinstation	·		
	FILE NOW!!! FEE IS \$150.00			- Agout signisticine raddilled	when reinstating)		ATE	
Afte	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		•		n Campaign Financing and Contribution.		0 May Be f to Fees
10. OFFICERS AND					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE"	PT	☐ Delete	TITLE	- 1	ADDITIONS/CHA	NGES TO OFFICERS		
NAME* STREET ADDRESS CITY-ST-ZIP	GREGOIRE, JULIE 10091 NW 39TH COURT CORAL SPRINGS FL 33065		name Stree	T ADDRESS			☐ Change	Addition
TITLE	VS		┩—	ST-ZIP	·			
NAME STREET ADDRESS	GREGOIRE, DONALD 10091 NW 39TH COURT	☐ Delete	TITLE				☐ Change	☐ Addition
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-5	T ADDRESS ST-ZIP				
TITLE NAME		Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS	·		NAME STREET	ADDRESS		~ · ~	T	j
CITY-ST-ZIP			CITY-S	ST-ZIP				
TITLE NAME		Delete	TITLE				☐ Change	Addition
STREET ADDRESS			NAME	ADDRESS				
CITY-ST-ZIP			CITY-S					
TITLE NAME		☐ Delete	TITLE	_			☐ Change	Addition
STREET ADDRESS			NAME STREET	ADDRESS			_	
CITY-ST-ZIP			CITY-ST	1				1
TITLE		☐ Delete	TITLE	- 		-	☐ Change	Addition
NAME STREET ADDRESS		•	NAME				онанус	☐ Modified
CITY-ST-ZIP			STREET .	ADDRESS -7IP				

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 Block 11 if SIGNATURE: AND THEO OR PUNTED NAME OF SIGNING OFFICER OR DIRECTOR GREAT V President

01/07/03

954-255-9293

Date

Daytime Phone #