

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90298 009 ***150.00

DOCUMENT # P97000023967

1. Entity Name
JUNGLE CUTS, INC.

Principal Place of Business

**4660 E COLONIAL DR
 ORLANDO FL 32803**

Mailing Address

**4660 E COLONIAL DR
 ORLANDO FL 32803**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3431286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PRIETO, SHARYN
 2108 S PARK AVENUE
 SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name

SHARYN PRIETO

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

1419 FOREST HILLS DR

City

WINTER SPRINGS

FL

Zip Code

32708

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, 2002 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

TITLE **D** ☐ Delete
 NAME **PRIETO, SHARYN**
 STREET ADDRESS **1419 FOREST HILLS DRIVE**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **D** ☒ Delete
 NAME **PRIETO, TONY O**
 STREET ADDRESS **2080 JESSUP RD**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **D** ☒ Delete
 NAME **PRIETO, VALERIE O**
 STREET ADDRESS **2080 JESSUP RD**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **D** ☒ Delete
 NAME **LAWSON, KIM E**
 STREET ADDRESS **1316 AUGUSTA NATIONAL BLVD**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

CR2E034 (9/01)

13. 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/18/02 (407) 895-4455