

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90100 038 ***150.00

DOCUMENT # P97000046857

1. Entity Name

THE JAG SHOP, INC.

Principal Place of Business

1150 S.W. 10TH AVE.
 SUITE 101E
 POMPANO BEACH FL 33069

Mailing Address

1150 S.W. 10TH AVE.
 SUITE 101E
 POMPANO BEACH FL 33069-4631

2. Principal Place of Business

The Jag Shop, INC.

Suite, Apt. #, etc.
101E

City & State
Pompano Beach, FL

Zip
33069

Country
U.S.A.

3. Mailing Address

1150 SW 10th Ave,

Suite, Apt. #, etc.
101E

City & State
Pompano Beach, FL

Zip
33069

Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0762263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WYNNE, DAVID
1150 S.W. 10TH AVE.
SUITE 101E
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name
DAVID WYNNE

Street Address (P.O. Box Number is Not Acceptable)
1150 S.W. 10th Ave Suite 101E

City
Pompano Beach, FL Zip Code
33069

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 **David WYNNE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/2/00

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

TITLE
PD ☐ Delete
 NAME
WYNNE, DAVID
 STREET ADDRESS
1150 S.W. 10TH AVE.
 CITY-ST-ZIP
POMPANO BEACH FL 33069

TITLE
VPD ☐ Delete
 NAME
WYNNE, MELIZABETH
 STREET ADDRESS
1150 S.W. 10TH AVE.
 CITY-ST-ZIP
POMPANO BEACH FL 33069

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 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

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

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 CITY-ST-ZIP

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

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 **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 3/2/00 X (954) 783-5247

CR2E034 (9/99)