

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90198 026 \*\*\*150.00

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**DOCUMENT # P97000046857**

1. Entity Name  
**THE JAG SHOP, INC.**



Principal Place of Business  
**THE JAG SHOP INC**  
**SUITE 101E**  
**POMPANO BEACH FL 33069**  
**US**

Mailing Address  
**1150 S.W. 10TH AVE.**  
**SUITE 101E**  
**POMPANO BEACH FL 33069**  
**US**

11014525



2. Principal Place of Business

3. Mailing Address

**THE JAG SHOP**

**1150 SW 10th AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 101E**

**# 101E**

City & State

City & State

**Pompano, FL**

**Pompano Bch, FL**

Zip

Country

Zip

Country

**33069**

**USA**

**33069**

**USA**

4. FEI Number **65-0762263**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *[Signature]* DATE **4-23-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WYNNE, DAVID	
STREET ADDRESS	1150 S.W. 10TH AVE.	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WYNNE, MELIZABETH	
STREET ADDRESS	1150 S.W. 10TH AVE.	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X *[Signature]* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X **4-23-03** 954-783-5247  
Date Daytime Phone #

CR2E034 (10/02)