FILED
Mar 11, 2002 8:00 am
Secretary of State
03-11-2002 90078 019 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036293

1. Entity Name
JAGUAR REALTY & CONSULTING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 6830 ST. AUGUSTINE RD
Suite, Apt. #, etc.: —
City & State: JACKSONVILLE FLORIDA
Zip: 32217 Country: DUVAL

3. Mailing Address: SAME
Suite, Apt. #, etc.
City & State: —
Zip: — Country: —

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650853759 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: TOM NEWMAN
Street Address (P.O. Box Number is Not Acceptable): 6830 ST. AUGUSTINE RD
City: JACKSONVILLE FL. Zip Code: 32217

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: Thomas F. Newman DATE: 2-25-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	THOMAS F. NEWMAN PRES-ETC 6830 ST. AUGUSTINE RD JACKSONVILLE FLA 32217
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: Thomas F. Newman 2-25-02 904-739-1714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #