FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90120 041 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036293

1. Entity Name
JAGUAR REALTY AND CONSULTING, INC.

Principal Place of Business	Mailing Address
6830 ST AUGUSTINE RD JACKSONVILLE, FL 32217	4306 PLAZA GATE LANE S. NO.:201 JACKSONVILLE, FL 32217

2. Principal Place of Business		3. Mailing Address	
3948 SUNBEAM RD		3948 SUNBEAM RD	
Suite, Apt. #, etc.: STE 8		Suite, Apt. #, etc.: STE 8	
City & State: JAX., FLA		City & State: JAX., FLA	
Zip: 32257	Country: USA	Zip: 32257	Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0853759 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEWMAN, THOMAS F 6830 ST AUGUSTINE RD JACKSONVILLE, FL 32217	Name: NEWMAN, THOMAS F Street Address (P.O. Box Number is Not Acceptable): 3948 SUNBEAM RD City: JAX FL Zip Code: 32257

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 Thomas F. Newman 3-25-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PE NEWMAN, THOMAS F 6830 ST AUGUSTINE RD JACKSONVILLE, FL 32217 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE NEWMAN, THOMAS F 3948 SUNBEAM RD - STE 8 JAX., FLA., 32257 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Thomas F. Newman / THOMAS F. NEWMAN 3-25-03 904-880-5886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #