

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90195 035 \*\*\*150.00

DOCUMENT # **P98000060094**  
 1. Entity Name  
**JAGUAR SYSTEMS, INC.**

Principal Place of Business Mailing Address  
**123 N. CONGRESS AVE. 123 N. CONGRESS AVE.**  
**PMB 166 PMB 166**  
**BOYNTON BEACH, FL. 33426 BOYNTON BEACH, FL. 33426**

2. Principal Place of Business 3. Mailing Address  
**123 N. CONGRESS AVE 123 N. CONGRESS AVE.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**166 166**

City & State City & State  
**BOYNTON BEACH, FL BOYNTON BCH, FL.**  
 Zip Country Zip Country  
**33426 PALM BCH 33426 PALM BEACH**

DO NOT WRITE IN THIS SPACE  
 4. FEI Number Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CONWAY, CHRISTOPHER**  
**2200 N. FEDERAL HWY, STE 224**  
**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent  
 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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**P CRAIG HARRISON**  
**1485 AUGUSTA CIR #121**  
**DELRAY BCH, FL. 33445**

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: **Craig M. President** **4/10/00** **561-386-5954**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)