

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000083674**

1. Entity Name  
**JIGAWATT TECHNICAL SERVICES, INC.**

Principal Place of Business  
**831 MOONLIT LANE  
CASSELBERRY FL 32707**

Mailing Address  
**831 MOONLIT LANE  
CASSELBERRY FL 32707**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State

Zip      Country

Zip      Country

FILED

02 OCT 10 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number	<b>59-3535323</b>	Applied For
		Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SAVINO, MICHAEL  
831 MOONLIT LANE  
CASSELBERRY FL 32707**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SAVINO, MICHAEL 831 MOONLIT LANE CASSELBERRY FL 32707</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>900008335599-1 -10/11/02--01059--020 ****150.00 ****150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-21-2002 4673887772

Date

Daytime Phone #

**JTS Inc.**

831 Moonlit Lane  
Casselberry FL, 32707  
407-388-7772

October 2, 2002

Uniform Business Report

Dear Sir or Madam:

Please accept my apologies for the late payment, as we never received the first UBR due some time ago. I am enclosing the original fee of \$150.

Sincerely,



Mike Savino  
President – Jigawatt Technical Services Inc.