

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100671

1. Entity Name  
JIGKAP, INC.

Principal Place of Business  
100 FAIRWAY WOODS BLVD  
ORLANDO FL 32824

Mailing Address  
100 FAIRWAY WOODS BLVD  
ORLANDO FL 32824

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip      Country

Zip

Country

4. FEI Number      59-3544757      Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

PATEL, JIFNASU  
100 FAIRWAY WOODS BLVD  
ORLANDO FL 32824

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

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 \$150.00**  
**After MAY 1, 2001 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

TITLE      PSTD  
NAME      PATEL, JIGNASU  
STREET ADDRESS      100 FAIRWAY WOODS BLVD  
CITY-ST-ZIP      ORLANDO FL 32824

Delete

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

TITLE       Change       Addition  
NAME       Change       Addition  
STREET ADDRESS       Change       Addition  
CITY-ST-ZIP       Change       Addition

TITLE       Delete  
NAME       Change       Addition  
STREET ADDRESS       Change       Addition  
CITY-ST-ZIP       Change       Addition

TITLE       Change       Addition  
NAME       Change       Addition  
STREET ADDRESS       Change       Addition  
CITY-ST-ZIP       Change       Addition

TITLE       Delete  
NAME       Change       Addition  
STREET ADDRESS       Change       Addition  
CITY-ST-ZIP       Change       Addition

TITLE       Change       Addition  
NAME       Change       Addition  
STREET ADDRESS       Change       Addition  
CITY-ST-ZIP       Change       Addition

TITLE       Delete  
NAME       Change       Addition  
STREET ADDRESS       Change       Addition  
CITY-ST-ZIP       Change       Addition

TITLE       Change       Addition  
NAME       Change       Addition  
STREET ADDRESS       Change       Addition  
CITY-ST-ZIP       Change       Addition

TITLE       Delete  
NAME       Change       Addition  
STREET ADDRESS       Change       Addition  
CITY-ST-ZIP       Change       Addition

TITLE       Change       Addition  
NAME       Change       Addition  
STREET ADDRESS       Change       Addition  
CITY-ST-ZIP       Change       Addition

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

Date

Daytime Phone #

906297

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)