

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90125 005 ***150.00

DOCUMENT # **P99000056486**



1. Entity Name
JARAT, INC.

Principal Place of Business
**3483 CRITTENDON ST
NORTH PORT FL 34286-6628**

Mailing Address
**3483 CRITTENDON ST
NORTH PORT FL 34286-6628**



2. Principal Place of Business
4808 LIBBY ROAD
Suite, Apt. #, etc.

3. Mailing Address
4808 LIBBY ROAD
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
NORTH PORT FL
Zip
34287
Country
USA

City & State
NORTH PORT FL
Zip
34287
Country
USA

4. FEI Number **59-3581586**

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

~~TOURTELLOTTÉ, ALAN R
3483 CRITTENDON ST
NORTH PORT FL 34286-6628~~

Name
~~TOURTELLOTTÉ, ALAN R~~
Street Address (P.O. Box Numbers Not Acceptable)
4808 LIBBY ROAD
City **NORTH PORT** FL **34287**

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 **Jean Tourtellotte**
Signature typed or printed name of registered agent and title if applicable.

1-30-03
DATE

(NOTE: Registered Agent signature required when reinstating)

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	P TOURTELLOTTÉ, ALAN 3483 CRITTENDON ST NORTH PORT FL 34286	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TOURTELLOTTÉ, JEAN 3483 CRITTENDON ST NORTH PORT FL 34286	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	4808 LIBBY ROAD NORTH PORT FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4808 LIBBY ROAD NORTH PORT FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Jean Tourtellotte**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-03 **941-416-3848**
Date Daytime Phone #

CR2E034 (10/02)