

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000082918

1. Entity Name
JAGUAR TRUCK LINES INC.

Principal Place of Business
 12885 WATERHAVEN CIR.
 ORLANDO FL 32828

Mailing Address
 12885 WATERHAVEN CIR.
 ORLANDO FL 32828

2. Principal Place of Business
 647 CALADESI TL

3. Mailing Address
 647 CALADESI TL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 ORLANDO FL

City & State
 ORLANDO FL

4. FEI Number
59-3609910
 Applied For
 Not Applicable

Zip Country
 32807

Zip Country
 32807

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

KURTZ DEBORAH
 12885 WATERHAVEN CIRCLE
 ORLANDO FL 32828

Name
SUMERLIN DEBORAH JPRES.
 Street Address (P.O. Box Number is Not Acceptable)
 647 CALADESI TL
 City
 ORLANDO FL Zip Code
 32807

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 **DEBORAH J. SUMERLIN**

04/20/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Delete
 NAME MAPLESIN MARILYN
 STREET ADDRESS 12885 WATERHAVEN CIRCLE
 CITY-ST-ZIP ORLANDO FL 32828

TITLE D Change Addition
 NAME MAPLES MARILYN
 STREET ADDRESS 12885 WATERHAVEN CIRCLE
 CITY-ST-ZIP ORLANDO FL 32828

TITLE V Delete
 NAME SUMERLIN SIMON
 STREET ADDRESS 12885 WATERHAVEN CIRCLE
 CITY-ST-ZIP ORLANDO FL 32828

TITLE V Change Addition
 NAME SUMERLIN SIMON
 STREET ADDRESS 647 CALADESI TL
 CITY-ST-ZIP ORLANDO FL 32807

TITLE P Delete
 NAME KURTZ DEBORAH
 STREET ADDRESS 12885 WATERHAVEN CIRCLE
 CITY-ST-ZIP ORLANDO FL 32828

TITLE P Change Addition
 NAME SUMERLIN DEBORAH
 STREET ADDRESS 647 CALADESI TL
 CITY-ST-ZIP ORLANDO FL 32807

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Deborah Sumerlin**

Pres **04/20/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)