

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
32828

FL

Mailing Address

12885 WATERHAVEN CIR.

ORLANDO
32828

FL

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

Zip
32807

Country

Zip
32807

Country

4. FEI Number**59-3609910**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****KURTZ DEBORAH**
12885 WATERHAVEN CIRCLEORLANDO
32828

FL

7. Name and Address of New Registered Agent**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**

TITLE	D	<input type="checkbox"/> Delete
NAME	MAPLESIN MARILYN	
STREET ADDRESS	12885 WATERHAVEN CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	V	<input type="checkbox"/> Delete
NAME	SUMERLIN SIMON	
STREET ADDRESS	12885 WATERHAVEN CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	P	<input type="checkbox"/> Delete
NAME	KURTZ DEBORAH	
STREET ADDRESS	12885 WATERHAVEN CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAPLES MARILYN	
STREET ADDRESS	12885 WATERHAVEN CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMERLIN SIMON	
STREET ADDRESS	647 CALADESI TL	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMERLIN DEBORAH	
STREET ADDRESS	647 CALADESI TL	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)