2003 FOR PROFIT CORPORATION

P99000098569

City & State

Zip

UNIFORM BUSINESS REPORT (UBR

DOCUMENT # 1. Entity Name

Principal Place of Business 8171 66TH ST., NORTH PINELLAS PARK FL 33781

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

JAGUAR RUBBER STAMP COMPANY



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90233 037 ***150.00

Mailing Address 8171 66TH ST NORTH PINELLAS PARK FL 33781		
	,	
3. Mailing Address		L TERTEBUL ING TERLE TOLIK GELIK EBIH GELIK BENJA BING IDION 15161 DINA I
Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

ZI p	Country	Σίρ	Country	5. Certificate of Status Desired	→ 36./5 Additional Fee Required
6. Na	ne and Address of Cu	rrent Registered Agent		7. Name and Address of New R	egistered Agent
MOSELEY, LAWRENCE A 8171 66TH ST., NORTH PINELLAS PARK FL 33781		Name Street Add	Name Street Address (P.O. Box Number is Not Acceptable)		
1 11 4 10 10 10 1 1 11 11 1			City		FL Zip Code

Country

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.

(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 F	lorida Department of	State

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

Country

9. Election Campaign Financing Trust Fund Contribution.

59-3607396

\$5.00 May Be Added to Fees

DATE

Applied For

\$8.75 Additional

Not Applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change Addition MOSELEY, LAWRENCE A NAME NAME 8171 66TH ST., NORTH STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 33781 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 ampowered to of the corporation or the receiver or truster 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 ad like empowered

SIGNATURE: