


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90134 006 ***150.00

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

DOCUMENT # V43769			
1. Entity Name JAC-MAU, INC.			
Principal Place of Business 7500 CENTRAL PARK CIRCLE TAMPA, FL 33637		Mailing Address 7500 CENTRAL PARK CIRCLE TAMPA, FL 33637	
2. Principal Place of Business 909 Symphony Bch Lane		3. Mailing Address 909 Symphony Bch Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Apollo Beach, FL		City & State Apollo Beach, FL	
Zip 33572		Zip 33572	
Country USA		Country USA	
4. FEI Number 59-3127969		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANGELIER, MAURICE 17915 ST CROIX ISLE TAMPA, FL 33647		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 909 Symphony Beach Lane City Apollo Beach FL Zip Code 33572	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small>			
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. <input type="checkbox"/> \$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 LANGELIER, J. M 17915 ST CROIX ISLE TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 909 Symphony Beach Lane Apollo Beach, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANGELIER, JACQUELINE 17915 ST CROIX ISLE TAMPA, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Langelier, Jacqueline 909 Symphony Beach Lane Apollo Beach, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGELIER, PHILIPPE 505 S 56 ST TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGELIER, JOELLE I 321 SAN JOSE DRIVE DUNEDIN, FL <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <i>J. M. Langelier</i> J. M. LANGELIER		4/26/03 836458730	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

11029695



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)