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

Mailing Address

3. Mailing Address

1724-26 COSTA DEL SOL

**BOCA RATON FL 33432** 

## V44109 DOCUMENT #

1. Entity Name

Principal Place of Business

2. Principal Place of Business

1724-26 COSTA DEL SOL

**BOCA RATON FL 33432** 

THE JAGUAR DOCTOR, INC.



## FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90185 038 \*\*\*150.00

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Suite, Apt. #, etc	o.	Suite, Apt. #, etc.  City & State  Zip Country		☐ CHECK HERE IF MAKING CHANGES		
City & State					4. FEI Number 65-1341111	Applied For Not Applicable
Zip .g	Country			ntry	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		
MÀRIE THERSE THOMAS 4710 NW 10TH AVENUE FORT LAUDERDALE FL 33309				Street Address (P.O. Box Number is Not Acceptable)		

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.

City

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

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

\$5.00 May Be

3R2E034 (10/02)

Zip Code

9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVTS** TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARIE THERSE THOMAS NAME 4710 NW 10TH AVE STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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 address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #