

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 357675

1. Entity Name
J.N.T. PROPERTIES, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 12 AM 10: 22



DO NOT WRITE IN THIS SPACE

Principal Place of Business
116 E THIRD AVE
TALLAHASSEE FL 32303
US

Mailing Address
P.O. BOX 6007
TALLAHASSEE FLORIDA 32314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1299618

Applied For
Not Applicable

Zip Country

Zip Country

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

SHAW, FRANK S III
3520 THOMASVILLE RD, 4TH FLOOR
TALLAHASSEE FL 32308

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 P
NAME TOOKES, JAMES N
STREET ADDRESS 925 E. MAGNOLIA #C-5
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE VP
NAME Griffin, Thomas J
STREET ADDRESS 1201 Springhaven Road
CITY-ST-ZIP Tallahassee, FL 32317 ☐ Change ☒ Addition

TITLE VP
NAME TOOKES, GERALD R
STREET ADDRESS 913 MCGUIRE CT.
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS 800004597078--9
CITY-ST-ZIP -09/18/01--01048--029
****550.00 ****550.00 ☐ Change ☒ Addition

TITLE D
NAME GROOMS, REGINALD
STREET ADDRESS 925 E. MAGNOLIA DR., #C-5
CITY-ST-ZIP TALLAHASSEE FL 32301 ☒ Delete

TITLE VP
NAME Sharkey, Patrick
STREET ADDRESS 57 Jefferson Court
CITY-ST-ZIP Strabane Co Tyrone, N. Ireland ☐ Change ☒ Addition

TITLE VP
NAME GROOMS, BEVERLY
STREET ADDRESS 925 E. MAGNOLIA DR., #C-5
CITY-ST-ZIP TALLAHASSEE FL 32301 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME STANLEY, IRIS E
STREET ADDRESS 3018 BYINGTON CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
SP

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: James N. Tookes 9/12/2001 (850) 224-2922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8996010
AT

CR2E034 (5/01)