

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90186 018 ***150.00

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DOCUMENT # 526915

1. Entity Name
JPT, INC.



Principal Place of Business
**918 LK BROOKER CT
LUTZ FL 33549
US**

Mailing Address
**918 LAKE BROOKER CT
LUTZ FL 33549
US**



2. Principal Place of Business

3. Mailing Address

19900 GUIS BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT "A"

City & State

City & State

INDIAN SHORES FL.

Zip

Country

Zip

Country

33785

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1810220**

Applied For

Not Applicable

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

**KEENE, PERRY O. JR.
918 LAKE BROOKER CT
LUTZ FL 32549**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☐ Delete
NAME **KEENE, PERRY JR**
STREET ADDRESS **918 LAKE BROOKER CT**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **STD** ☐ Change ☐ Addition
NAME **KEENE PERRY JR**
STREET ADDRESS **19900 GUIS BLVD. APT "A"**
CITY-ST-ZIP **INDIAN SHORES FL 33785**

TITLE **PD** ☐ Delete
NAME **BISSONNETTE, T E**
STREET ADDRESS **1009 AQUA LANE**
CITY-ST-ZIP **ODESSA, FL 00000**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03
Date

727-5931243
Daytime Phone #

CR2E034 (10/02)