

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90021 012 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 625094

1. Entity Name
JO-TINA CORPORATION

Principal Place of Business Mailing Address
2183 EAST SEMORAN BOULEVARD **2183 EAST SEMORAN BOULEVARD**
APOPKA FL 32703 **APOPKA FL 32703-5712**

2. Principal Place of Business 3. Mailing Address

JO-TINA CORPORATION **JO-TINA CORPORATION**
405 SWEETWATER COVE BLVD. SO. **405 SWEETWATER COVE BLVD. SO.**
LONGWOOD, FLORIDA 32779 **LONGWOOD, FLORIDA 32779**

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1925463 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BATTAGLIA, JOSEPH J
405 SWEETWATER COVE, BLVD S
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	
TITLE	V <input type="checkbox"/> Delete
NAME	BATTAGLIA, JOSEPH J.
STREET ADDRESS	405 SWEETWATER COVE BLS
CITY-ST-ZIP	LONGWOOD FL
TITLE	P <input type="checkbox"/> Delete
NAME	BATTAGLIA, SANDRA R.
STREET ADDRESS	405 SWEETWATER COVE BLS
CITY-ST-ZIP	LONGWOOD FL
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	BATTAGLIA, JOSEPH J., JR
STREET ADDRESS	2454 CASTLEWOOD RD
CITY-ST-ZIP	MAITLAND FL
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	BATTAGLIA, MICHELLE A
STREET ADDRESS	2454 CASTLEWOOD RD
CITY-ST-ZIP	MATILAND FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Sandra B. Battaglia, President* *Sandra R. Battaglia* **3-8-00** **407-288-1171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)