

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 636019

1. Entity Name

J-TAR, INCORPORATED

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90060 046 \*\*\*150.00

Principal Place of Business

Mailing Address

11113 N. DALE MABRY  
TAMPA FL 33618

11113 N. DALE MABRY  
TAMPA FL 33618-3803

2. Principal Place of Business

17647 NATHANS DR

3. Mailing Address

Suite, Apt. #, etc.

TAMPA FL

City & State

33647

City & State

Zip

Country

USA

City & State

Zip

Country

FL

Zip Code

FL

Zip Code

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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KETOVER, JANE  
17647 NATHANS DR  
TAMPA FL 33647

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KETOVER, JANE	
STREET ADDRESS	17647 NATHANS DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KETOVER, ROBERT	
STREET ADDRESS	17647 NATHANS DR	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)