## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # F97000004912 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name JT&K REALTY INC. 04-03-2000 90143 007 \*\*\*150.00 Principal Place of Business Mailing Address 8435 US 31 S. 8435 US 31 S. INDIANAPOLIS IN 46227-6277 INDIANAPOLIS IN 46227 2. Principal Place of Business 3. Mailing Address 4641 N.Ocean Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 35-1950414 LAUDEROALE By The SEA, FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33308 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUBLER, JOHN Street Address (P.O. Box Number is Not Acceptable) 47 FORT ROYAL ISLE FT LAUDERDALE FL 33308 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 JOHN (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00~ Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change Addition ☐ Delete TITLE HUBLER, JOHN NAME NAME 8435 US 31 S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN 46227 Addition ☐ Delete ☐ Change TITLE TITLE HUBLER, TRACY NAME NAME 8435 US 31 S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN 46227 ☐ Delete TITLE ☐ Change Addition TITLE VAUGHN, ANN NAME NAME 8435 US 31 S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIANAPOLIS IN 46227 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SUCHABILIZE RECIT HE HAMEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2000

317-888-9227

Daytime Phone #