2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9900000050 1. Entity Name J.T.A. FACTORS, INC.					FILED Jan 26, 2000 8:00 am Secretary of State 01-26-2000 90100 022 ***150.00		
Principal Plac	ce of Business	Mailing Address					
PO BOX 6704 GREENVILLE SC 29606-6704		PO BOX 6704 GREENVILLE SC 29606-6704				907429)
2. Principal Place of Business 25 Woods that KE R3 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
SUITE 100							#
City & State G. REENVILLE SC		City & State		4.	FEI Number 57-0966367		pplied For المنظمة المالية المنظمة المالية
Zip	607 GRERNVILE	Zip	Country	5.	Certificate of Status Desired	Sa.75 Ad Fee Require	
79	6. Name and Address of Current	Registered Agent	· Name		Name and Address of New Re	gistered Agent	
3321	HN, ROY W 1 HENDERSON BLVD. IPA FL 33609		Street /	Address (P.O. E	Sox Number is Not Acceptable)	FL Zip Coc	de
Tax filing	Signature, typed or printed name of registered agent a coration is eligible to satisfy its Intangible requirement and elects to do so eria on back)	FILE NOW After MAY 1, 2 Make Check Paya		.00 550.00 nt of State	10. Election Campaign Fina Trust Fund Contribution.	. 🗆 Adde	DO May Be
TITLE	OFFICERS AND	DIRECTORS Delete	12.	AL I	ODITIONS/CHANGES TO OFFIC	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	DEBONDT, CHRISTINA	Carl Doroto	NAME STREET ADDRESS CITY-ST-ZIP			- · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEALE, JAMES A	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BRODERICK, LEONARD F	TITLE NAME STREET ADDRESS CITY-ST-ZIP	216 EAS	INVERNESS	Change -WAX 7964	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HITZIG, KEN	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD PERNA, MARK	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FISHMAN, FRED	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
indicate	certify that the information supplied with d on this report or supplemental report is proporation or the receiver or trustee empord, or on an attachment with an address	true and accurate and that ewered to execute this repor	my signature shall t as required by Ch	have the same	Jegal ettect as it made under oa	ath∙ that Lam an office	er or alrector