## 2001 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # G93142**

JITCO, INC.

Principal Place of Business 5488 58TH ST NO

P O BOX 9485 KENNETH CITY FL 33709

## **FILED** Mar 01, 2001 8:00 am Secretary of State

03-01-2001 91354 034 \*\*\*150.00

Mailing Address 5488 58TH ST NO P O BOX 9485 KENNETH CITY FL 33709 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2385557 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POŁLKOWSKI, JOHN S. Street Address (P.O. Box Number is Not Acceptable) 5488 58TH STREET, NORTH P O BOX 9485 KENNETH CITY FL 33709 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. DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition CR2E034 (10/00) TITLE ☐ Change TITLE ☐ Delete POLKOWSKI, JOHN S. NAME NAME 5488 58TH STREET NO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP KENNETH CITY FL Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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

STREET ADDRESS CITY-ST-ZIP

TITLE

☐ Delete

SIGNATURE:

TITLE

NAME STREET ADDRESS

John S. Polkowski 1-10-01

Change

☐ Addition