

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90100 042 ***150.00

DOCUMENT # K12999

1. Entity Name

JTS, INC.

Principal Place of Business

Mailing Address

908 NW TERRACE RD
STUART FL 34994
US

908 NW TERRACE RD
STUART FL 34994-8929
US

2. Principal Place of Business

3. Mailing Address

10651 S. U.S. Hwy #1
Suite, Apt. #, etc.

10651 S. U.S. Hwy #1
Suite, Apt. #, etc.

City & State
Port St. Lucie, FL

City & State
Port St. Lucie, FL

Zip
34952

Country

Zip
34952

Country

4. FEI Number 65-0026981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLUCKSMAN, STEVEN G.
908 TERRACE ROAD
STUART FL 34994

Name

STEVEN G. GLUCKSMAN

Street Address (P.O. Box Number is Not Acceptable)

10651 S. U.S. Hwy #1

City

Port St. Lucie,

FL

Zip Code

34952

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

Steven G. Glucksmann
STEVEN G. GLUCKSMAN

3-6-00

(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 ☐ Delete
NAME D
STREET ADDRESS GLUCKSMAN, STEVEN G.
CITY-ST-ZIP 908 NW TERRACE RD.
STUART FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD
STREET ADDRESS GLUCKSMAN, JEROME
CITY-ST-ZIP 52 CANDLENUT COURT
ROYAL PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS GLUCKSMAN, JOYCE F.
CITY-ST-ZIP 2970 CLAIRMONT ROAD
ATLANTA GA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 and other information.

SIGNATURE:

Steven G. Glucksmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEVEN G. GLUCKSMAN 3-6-00 561-337-6172

CR2E034 (9/99)