

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # K35327**1. Entity Name
JIM BOTTS DESIGN TEAM, INC.Principal Place of Business
2401 4TH STREET, NORTH
696 FIRST AVENUE NORTH, SUITE 201
ST. PETERSBURG FL 33704 USMailing Address
C/O G.B. WILKINSON
696 FIRST AVENUE NORTH SUITE 201
ST. PETERSBURG FL 33701 US2. Principal Place of Business
2401 4TH STREET, NORTH3. Mailing Address
C/O G.B. WILKINSON, ESQUIRE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
696 FIRST AVENUE NORTH SUITE 201

DO NOT WRITE IN THIS SPACE

City & State
ST. PETERSBURG FLCity & State
ST. PETERSBURG FL4. FEI Number
59-2910230Applied For
Not ApplicableZip
33704Country
USZip
33701Country
US5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**WILKINSON, G. BARRY, ESQ.
696 FIRST AVENUE NORTH
SUITE 201
ST. PETERSBURG FL 33701**7. Name and Address of New Registered Agent**Name
WILKINSON G. BARRY ESQ.
Street Address (P.O. Box Number is Not Acceptable)
696 FIRST AVENUE NORTH
SUITE 201
City
ST. PETERSBURG FL Zip Code
33701

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 **G. BARRY WILKINSON, ESQ.****01/15/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	BOTTS, JAMES, R	2401 4TH ST NORTH ST PETERSBURG FL 33704	<input type="checkbox"/>
	PST	BOTTS, JAMES R.	2401 4TH ST NORTH ST PETERSBURG FL 33704	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: JIM BOTTS

PST

01/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)