

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004204 AF

DOCUMENT # L00000004384

1. Entity Name  
J.W.T., LLC

FILED

01 JUN 25 AM 8:47

Principal Place of Business  
22 VIA DE LUNA DRIVE, UNIT 902  
PENSACOLA BEACH FL 32561

Mailing Address  
22 VIA DE LUNA DRIVE, UNIT 902  
PENSACOLA BEACH FL 32561

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

35-D GULF BREEZE PARKWAY

35-D GULF BREEZE PARKWAY

City & State

City & State

GULF BREEZE FL

GULF BREEZE FL

Zip

Country

32561

SANTA ROSA

Zip

Country

32561

SANTA ROSA

4. FEI Number

59-3638461

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERKIN, MICHAEL E  
22 VIA DE LUNA DRIVE, UNIT 902  
PENSACOLA BEACH FL 32561

Name

MICHAEL E. GERKIN

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

35-D GULF BREEZE PARKWAY

City

GULF BREEZE

FL

Zip Code

32561

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

*Michael E. Gerkin*

MICHAEL E. GERKIN

3/15/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
MICHAEL GERKIN  
35-D GULF BREEZE PARKWAY  
GULF BREEZE FL 32561 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
MICHAEL E. GERKIN  
35-D GULF BREEZE PARKWAY  
GULF BREEZE FL 32561 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SEC. / TREASURER  
JAMES VOIZ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SEC. / TREASURER  
JAMES E. VOIZ  
35-D GULF BREEZE PARKWAY  
GULF BREEZE FL 32561 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600004463016-2  
-07/06/01--01108--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Michael E. Gerkin*

MICHAEL E. GERKIN

3/15/01

(850) 916-4606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)