

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003655**

1. Entity Name  
**JTG INTERNATIONAL, L.L.C.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 MAY -1 PM 6:36

Principal Place of Business  
**550 NORTH REG STREET, SUITE 204  
 TAMPA, FL 33609**

Mailing Address  
**550 NORTH REG STREET, SUITE 204  
 TAMPA FL 33609-1036**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2202 North West Shore Boulevard**

3. Mailing Address  
**2202 North West Shore Boulevard**

City & State  
**Tampa, Florida**

City & State  
**Tampa, Florida**

4. FEI Number  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**FARRELL, M. TIMOTHY  
 100 SECOND AVENUE SOUTH, SUITE 600  
 ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	<b>MGRM JOHN TIMOTHY GANNON 550 NORTH REG STREET, SUITE 204 TAMPA FL 33609</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2202 N. West Shore Blvd., 5th Floor Tampa, Florida 33607</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>800003247098--3 -05/10/00--D1014--034 *****50.00 *****50.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *John Timothy Gannon* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER** Date 4/28/00 Daytime Phone # 813/282-7225

CR2E083 (9/99)