

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90051 041 ***150.00

DOCUMENT # M89261

1. Entity Name
JOT GROUP, INC.



Principal Place of Business

~~2345 ANVIL ST. NORTH~~
~~ST. PETERSBURG FL 33710~~

Mailing Address

~~2345 ANVIL ST. NORTH~~
~~ST. PETERSBURG FL 33710~~

2. Principal Place of Business

5117 JULES VERNE CT.
Suite, Apt. #, etc.

3. Mailing Address

5117 JULES VERNE CT.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
TAMPA FLORIDA

City & State
TAMPA FLORIDA

4. FEI Number **59-2900265**

Applied For
Not Applicable

Zip
33611

Country

Zip
33611

Country

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

SOKOL, STEVEN J.
2345 ANVIL ST. NORTH
ST. PETERSBURG FL 33710

5117 JULES VERNE CT.
TAMPA, FL 33611

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SOKOL, STEVEN J.**
STREET ADDRESS **2345 ANVIL ST. NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE ☐ Change ☐ Addition
NAME **5117 JULES VERNE CT.**
STREET ADDRESS **TAMPA FL 33611**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)