

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90170 009 \*\*\*150.00

**DOCUMENT # P00000001801****1. Entity Name**  
**J.T. BOCK, INC.****Principal Place of Business**  
**1701 W. HILLSBORO BLVD. #301**  
**DEERFIELD BEACH FL 33442****Mailing Address**  
**1701 W. HILLSBORO BLVD. #301**  
**DEERFIELD BEACH FL 33442****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** **65-0977480**Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐**\$8.75 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****WEINTRAUB, PETER B**  
**1701 W. HILLSBORO BLVD. #301**  
**DEERFIELD BEACH FL 33442****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**

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, 2002 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 NAME	<b>D</b> <b>BOCK, FREDERICK</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>6193 BAY ISLES DRIVE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE NAME	<b>D</b> <b>BOCK, JOSHUA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4352 N.W. 29TH WAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	
TITLE NAME		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.****SIGNATURE:****FREDERICK BOCK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/15/02**  
Date**861-364-5616**  
Daytime Phone #

CR2E034 (9/01)