

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010433

1. Entity Name

J T F DIVERSIFIED ENTERPRISE, P.A.

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90172 046 ***150.00

Principal Place of Business

4703 EL PRADO BLVD
TAMPA FL 33629

Mailing Address

4703 EL PRADO BLVD
TAMPA FL 33629

2. Principal Place of Business

4703 El Prado Blvd

3. Mailing Address

4703 El Prado Blvd

Suite, Apt. #, etc

N/A

Suite, Apt. #, etc

N/A

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33629

Country

USA

Zip

33629

Country

USA

4. FEI Number

59-3624392

Applied For

Not Applicable

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

RAMEY, LYNN V.H. ESQ
RAMEY, RAMEY & KAMPF, P.A.
1901 13TH STREET NORTH, STE S300
TAMPA FL 33605

Name

Joseph T. Fox

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

4703 El Prado Blvd. 33629

City

Tampa

FL

Zip Code

33629

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

Joseph T. Fox President

1-28-01

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

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

Joseph T. Fox President

1-28-01

8138378211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)