

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 06, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000061637**1. Entity Name
JTW INTERNET SERVICES, INC.

Principal Place of Business

4224 GOLF CLUB LANE

TAMPA
33624

FL

Mailing Address

4224 GOLF CLUB LANE

TAMPA
33624

FL

2. Principal Place of Business

4302 GUNN HWY

Suite, Apt. #, etc.
1205City & State
TAMPA
FLZip
33624

Country

3. Mailing Address

4302 GUNN HWY

Suite, Apt. #, etc.
1205City & State
TAMPA
FLZip
33624

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON JAMIE
4224 GOLF CLUB LANETAMPA FL
33624

7. Name and Address of New Registered Agent

Name

WILSON JAMIE

Street Address (P.O. Box Number is Not Acceptable)
4302 GUNN HWY

1205

City
TAMPA

FL

Zip Code
33624

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)

01/06/2001

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

TITLE D ☐ Delete
NAME WILSON JAMIE
STREET ADDRESS 4224 GOLF CLUB LANE
CITY-ST-ZIP TAMPA FL 33624TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME WILSON JAMIE
STREET ADDRESS 4224 GOLF CLUB LANE
CITY-ST-ZIP TAMPA FL 33624TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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: Jamie Wilson

P

01/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)