## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

P00000104979

1. Entity Name

SIGNATURE: \( \frac{1}{2} \)

J & T ASSOCIATES, INC.



## **FILED** Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90081 008 \*\*\*150.00

ST. Augustine:  10.					OD WE						
2. Principal Place of Business	•		-								
Sute, Apt. #, etc.    Sute, Apt. #, etc.   Sute, Apt. #, etc.	ST AUGUSTIN	NE FL 32080	ST AUGUSTINE FL 32	2080				<b>.</b> 	<b>aliki dirid iri</b> iki	1 <b>8818</b> (811 188)	
Suite, Appl. etc.    CHECK HERE IF MAKING CHANCES	` -		3. Mailing Address	, - <sub>TV</sub> .		<del></del>					
CHECK HERE IF MAKING CHANGES  ST. Augusture  City & State  City & State  Chy & Stat							: 1				
ST. Augustinue  29.32094 Country  20.32094 Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  NiErric  NiErric  Street Addross (P.O. Box Number is Not Acceptable)  Street Addross (P.O. Box Number is Not Acceptable)  City  FL Zip Code  3. The above named coulty submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and acc the collegations of registered agent, or both, in the State of Florids. I am familiar with, and acc the collegations of registered agent.  SIGNATURE  Street Addross (P.O. Box Number is Not Acceptable)  City  FL Zip Code  3. The above named coulty submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and acc the collegations of registered agent, or both, in the State of Florids. I am familiar with, and acc the collegations of registered agent, or both, in the State of Florids. I am familiar with, and acc the collegations of registered agent, or both, in the State of Florids. I am familiar with, and acc the collegations of registered agent, or both, in the State of Florids. I am familiar with, and acc the collegations of registered agent, or both, in the State of Florids. I am familiar with, and acc the collegations of registered agent, or both, in the State of Florids. I am familiar with, and acc the collegations of registered agent, or both, in the State of Florids. I am familiar with, and acc the collegations of registered agent, or both, in the State of Florids. I am familiar with, and acc the collegations of registered agent, or both, in the State of Florids. I am familiar with, and acc the collegations of registered agent, or both, in the State of Florids. I am familiar with, and acc the collegations of registered agent, or both, in the State of Florids. I am familiar with, and acc the collegations of registered agent, or both in the State of Florids. I am famili	Suite, Apt.						CHECK HER	E IF MAKIN	G CHANGES	į	
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PADALINO, JOHN B 128 SPARTINA AVE ST ALIGUSTINE FL 32080  City FL Zip Code City FL City FL City FL Zip Code City FL City FL Zip		6. Name and Address of Current	Registered Agent			7.	Name and Address of New	Registered	Agent		
Street Address (P.O. Box Number is Not Acceptable)    City	5454144				Name					*	
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 acc the obligations of registered agent.    City   FL   Zip Code		· · · · · ·		<b> </b>	Street Ad	dress (P.O.	Box Number is Not Acceptab	le)			
Experience of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accomposition of registered agent.    File Now!!! FEE IS \$150.00	-	· · · =									
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent.    Signature	ST AUGUS	STINE FL 32080									
B. 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 acc the obligations of registered agent.    Signature				-	City			FI	Zip Cod	le	
SIGNATURE    File Now!!! FEE IS \$150.00	The above	named entity submits this statement for	or the purpose of changing	its realstered	d office or r	egistered a	agent or both in the State of F		~	and accept	
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After May 1, 2003 Fee will be \$550,00 Make Check Payable to Florida Department of State  10.	MGIVATORE .	Signature, typed or printed name of registered agent	and title if applicable. (	NOTE: Registered	Agent signature	required when	reinstating)	DATE			
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2. I berefy certify that the information supplied with this filling does not qualify for the exemption stated in Continue 140 CT(RV). The information supplied with this filling does not qualify for the exemption stated in Continue 140 CT(RV).											
2. Thereby 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 earn least 19.07(3)(i), Florida Statutes. I further certify that the information	<ol><li>I hereby control indicated.</li></ol>	ertify that the information supplied with	this filing does not qualify	for the exemp	ption stated	in Section	119.07(3)(i), Florida Statutes.	I further cer	tify that the in	formation	
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 directed 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 changed, or on an attachment with an address, with all other like empowered.											

Date

Daytime Phone #