

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/5/2003-91792-005-\$158.75-\$158.75

FILED

DOCUMENT # P01000030463

1. Entity Name
JT ART WORLD.COM, INC.



03 JUN 23 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1194 NW 40TH AVE
APT 405
LAUDERHILL FL 33313

Mailing Address
P.O. BOX 772046
CORAL SPRINGS FL 33077



2. Principal Place of Business
1194 NW 40TH AVE

3. Mailing Address
P.O. BOX 772046

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Lauderhill, FL

City & State
Coral Springs, FL

4. FEI Number APPLIED FOR

Applied For
Not Applicable

Zip
33313

Country
USA

Zip
33077

Country
USA

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

WILLIAMS, JOSEPH
1194 NW 40TH AVE
APT 405
LAUDERHILL FL 33313

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)

04/26/03
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, JOSEPH
9838 NW 57TH MANOR
CORAL SPRINGS FL 33078 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800021080688
06/23/03-01059-009 **158.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
WILLIAMS, JOSEPH
1194 NW 40TH AVE APT 405
LAUDERHILL FL 33313 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WILLIAMS, MARTIN T
1194 NW 40TH AVE APT 405
LAUDERHILL FL 33313 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COOMBS, MICHELLE
1194 NW 40TH AVE
LAUDERHILL FL 33313 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 employees.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/03 (904) 530-8107
Date Daytime Phone

CR2E034 (10/02)

7/6/23