

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 13, 2002 8:00 am  
Secretary of State

02-13-2002 90238 014 \*\*\*150.00

DOCUMENT # P01000041141

1. Entity Name  
JTE OF NORTHWEST FLORIDA, INC.

Principal Place of Business  
25 JET DR  
FT WALTON BEACH FL 32548

Mailing Address  
25 JET DR  
FT WALTON BEACH FL 32548

2. Principal Place of Business  
SAME  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
58 262 0999

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

KIEVIT, KELLY & ODOM, P.A.  
15 W MAIN ST  
PENSACOLA FL 32501

## 7. Name and Address of New Registered Agent

Name Twila S. Enoch  
Street Address (P.O. Box Number is Not Acceptable)  
3248 McMILLAN CR. DRIVE  
City MILTON FL Zip Code 32583

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 *Twila S. Enoch*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

01/10/02  
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

TITLE	ENOC PRESIDENT	<input type="checkbox"/> Delete
NAME	H, TWILA S	
STREET ADDRESS	1899 RESERVE BLVD, APT 143	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	V. PRESIDENT	<input type="checkbox"/> Delete
NAME	ENOCH JACK R.	
STREET ADDRESS	3248 McMILLAN CR DRIVE	
CITY-ST-ZIP	MILTON FL. 32583	
TITLE	SEC. TREASURER	<input type="checkbox"/> Delete
NAME	ENOCH SCOTT	
STREET ADDRESS	3248 McMILLAN CR. DRIVE	
CITY-ST-ZIP	MILTON FL. 32583	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Twila S. Enoch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)