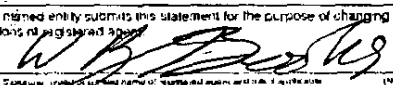
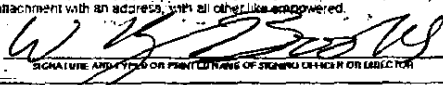


Christopher Hunter

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90324 048 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000020140				90114505	
1. Entity Name JT INTEGRITY RESTORATION, INC.					
Principal Place of Business 4607 24TH AVE. EAST PALMETTO, FL 34221			Mailing Address 4607 24TH AVE. EAST PALMETTO, FL 34221		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. 2143 W Norvell Bryant Hwy, Suite 21			Suite, Apt. #, etc. Hwy, Suite 21		
City & State Lecanto, FL			City & State Lecanto, FL		
Zip 34461	Country USA	Zip 34461	Country USA	4. FEI Number 75-3002057	
5. Certificate of Status Desired ☐				Applied For ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROOKS, WILLIAM 4607 24TH AVE. EAST PALMETTO, FL 34221			7. Name and Address of New Registered Agent William K Brooks 2143 W Norvell Bryant Hwy, Suite 21 Lecanto, FL 34461		
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  DATE 4/24/03					
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 TPD NAME BROOKS, WILLIAM K STREET ADDRESS 4607 24TH AVE. EAST CITY-ST-ZIP PALMETTO, FL 34221			☐ Delete TITLE 1620 Abalone Terr STREET ADDRESS Hernando, FL 34442 CITY-ST-ZIP Hernando, FL 34442		
TITLE VSD NAME BROOKS, ALEXANDRIA B STREET ADDRESS 4607 24TH AVE. EAST CITY-ST-ZIP PALMETTO, FL 34221			☐ Delete TITLE 1620 Abalone Terr STREET ADDRESS Hernando, FL 34442 CITY-ST-ZIP Hernando, FL 34442		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 			☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 			☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 			☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 			☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 		
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 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 empowered.					
SIGNATURE:  DATE 4/24/03 352-249-1049					