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	Mailing Address
4607-24TH AVE. EAST PALMETTO, FL 34221	4607-24TH AVE. EAST PALMETTO, FL 34221

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 2143 W Norvell Bryant	Suite, Apt. #, etc.: Hwy, Suite 21
City & State: Lecanto, FL	City & State: Lecanto, FL
Zip: 34461 Country: USA	Zip: 34461 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 75-3002057 ☐ Applied For ☐ Not Applicable

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
BROOKS, WILLIAM 4607-24TH AVE. EAST PALMETTO, FL 34221	Name: William K Brooks Street Address (P.O. Box Number is Not Acceptable): 2143 W Norvell Bryant Hwy, Suite 21 City: Lecanto FL Zip Code: 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: W B Brooks 4/24/03
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when changing) Date

FILING FEE: $35.00 $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	TPD BROOKS, WILLIAM K 4607-24TH AVE. EAST PALMETTO, FL 34221	☐ Delete	 1620 Abalone Terr Hernando, FL 34442	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD BROOKS, ALEXANDRIA B 4607-24TH AVE. EAST PALMETTO, FL 34221	☐ Delete	 1620 Abalone Terr Hernando, FL 34442	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 empowered.

SIGNATURE: W B Brooks 4/24/03 352-249-1049
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #