

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90103 031 ***150.00

DOCUMENT # P02000060381

1. Entity Name
JT SYSTEMS INC.



Principal Place of Business
3249 NE 13TH STREET
SUITE 8
POMPANO BEACH FL 33062

Mailing Address
3249 NE 13TH STREET
SUITE 8
POMPANO BEACH FL 33062



2. Principal Place of Business

211 SW 6TH ST
Suite, Apt. #, etc.

3. Mailing Address

211 SW 6TH ST.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
POMPANO BEACH FL

City & State
POMPANO BEACH, FL

4. FEI Number
45-0478645

Applied For
Not Applicable

Zip
33060

Country
BROWARD

Zip
33060

Country
BROWARD

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

PERRY, JACK
3249 NE 13TH STREET
SUITE 8
POMPANO BEACH FL 33062

Name
JACK PERRY
Street Address (P.O. Box Number is Not Acceptable)
211 SW 6TH ST
City
POMPANO BEACH FL Zip Code
33060

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)

DATE

1-20-03

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
PERRY, JACK
3249 NE 13TH STREET #8
POMPANO BEACH FL 33062 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT, SECRETARY, DIRECTOR
JACK PERRY
211 SW 6TH ST
POMPANO BEACH, FL 33060 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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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 empowered.

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

1-20-03

954 545-0555

Date

Daytime Phone #

CR2E034 (10/02)