

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90129 027 ***550.00

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1. Entity Name
JT SIGNAL, INC.



Principal Place of Business
4970 N CITATION DR. #202
DELRAY BEACH FL 33445

Mailing Address
4970 N CITATION DR. #202
DELRAY BEACH FL 33445

Changed

Changed



2. Principal Place of Business

8414 Siciliano St

3. Mailing Address

8414 Siciliano St

Suite, Apt. #, etc.

Boynton Beach

Suite, Apt. #, etc.

Boynton Beach

City & State

Florida

City & State

Florida

Zip

33437

Country

US

Zip

33437

Country

US

4. FEI Number

06-1646637

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TANELLA, JOHN

4970 N CITATION DR, #202

DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name *Same (New ADDRESS)*

Street Address (P.O. Box Number is Not Acceptable)

8414 Siciliano St

Boynton Beach

City

FL

Zip Code

33437

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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE D
NAME TANELLA, JOHN
STREET ADDRESS 4970 N CITATION DR, #202
CITY-ST-ZIP DELRAY BEACH FL 33445

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE same
NAME 8414 Siciliano St
STREET ADDRESS Boynton Beach Florida
CITY-ST-ZIP 33437

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

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 empowered.

SIGNATURE:

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

Date

Daytime Phone #

CR2E034 (4/03)