

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90156 035 ***150.00

DOCUMENT # P39717

1. Entity Name
G.J.T., INC.

Principal Place of Business

**400 E. HAMILTON RD.
 DELAND FL 32724
 US**

Mailing Address

**400 E. HAMILTON RD.
 DELAND FL 32724
 US**

80027166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

72-1121196

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**TESSERO, GARY J
 1052 TORCHWOOD DRIVE
 DELAND FL 32724**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Gary J. Tesser

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/02

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 Delete
P
 NAME **TESSERO, GARY J**
 STREET ADDRESS **1052 TORCHWOOD DR**
 CITY-ST-ZIP **DELAND FL**

TITLE Delete
S
 NAME **HUNTER, DENA S**
 STREET ADDRESS **5735 JAMES ST**
 CITY-ST-ZIP **DELEON SPRINGS FL**

TITLE Delete
V
 NAME **BOSTICK, WADE M**
 STREET ADDRESS **100 E. KENTUCKY AVE., E106**
 CITY-ST-ZIP **DELAND FL 32724**

TITLE Delete

TITLE Delete

TITLE Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition

TITLE Change Addition

TITLE Change Addition

TITLE Change Addition

TITLE Change Addition

TITLE Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary J. Tesser

1/23/02 386-734-9328

Date

Daytime Phone #

CR2E034 (9/01)