

2000 UNIFORM BUSINESS REPORT (UBR)

10/2

DOCUMENT # **PA3000082771**

1. Entity Name

JESTO TRANSMISSION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT -4 AM 9:10

Principal Place of Business

Mailing Address

**4102 W. CYPRESS ST.
TAMPA, FL 33607**

**4102 W. CYPRESS ST.
TAMPA, FL 33607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3210280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATTHEW ADKINS
4102 W. CYPRESS ST.
TAMPA, FL 33607**

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete
NAME **MATTHEW ADKINS**
STREET ADDRESS **4102 W. CYPRESS ST.**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☐ Change ☐ Addition
NAME **800003422398-4**
STREET ADDRESS **-10/12/00--01021--018**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

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: 

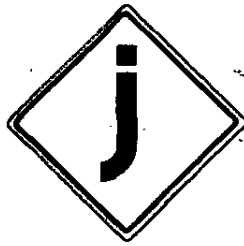
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

CR 034 (9/99)



AUGUST 28, 2000

Document #

P93 0000 82771

UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS
P.O. BOX 1500

TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN,

ON APRIL 11, 2000, JESTO TRANSMISSION, INC.
SENT CK# 10167 TO PAY FOR THE ANNUAL RENEWAL
FEE FOR CORPORATIONS. OUR BANK, FIRST UNION,
HAS NEVER RECEIVED CK# 10167 AS OF TODAY'S DATE,
AUGUST 28, 2000. WE ARE REQUESTING THAT THE
ADDITIONAL FEES BE WAIVED, IF POSSIBLE. ATTACHED
IS A CHECK FOR \$150.00. THANK YOU FOR
TAKING THE TIME IN EVALUATING OUR REQUEST,
WE DO APPRECIATE IT!

ANY QUESTIONS, FEEL FREE TO CALL
ME AT (813) 873-2433.

Sincerely,

MATT ADKINS, PRESIDENT