

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000085375

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

Principal Place of Business
4 LAGUNA STREET
SUITE 201
FT WALTON BEACH FL 32548
US

Mailing Address
PO BOX 4941
FT WALTON BEACH FL 32549
US

2. Principal Place of Business
3. Mailing Address
4 LAGUNA STREET

Suite, Apt. #, etc.
SUITE 201

City & State
FWB FLA

Zip 32548 Country USA

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90048 012 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3223115 Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWEIZER, WILLIAM TODD
600 S BARRACKS ST
#210
PENSACOLA FL 32501

Name WILLIAM TODD SCHWEIZER

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

4 LAGUNA STREET

SUITE 201

City FWB

FL Zip Code 32546

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

4-9-02

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 D Delete
NAME SCHWEIZER, WILLIAM TODD
STREET ADDRESS 4 LAGUNA STREET, SUITE 201
CITY-ST-ZIP FORT WALTON BEACH FL 32548

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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: **SCHWEIZER, WILLIAM TODD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02 850 31 0179

Date Daytime Phone #

CR2E034 (9/01)