

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-10-2002 90048 012 ***150.00

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

Suite, Apt. #, etc.

City & State

City & State
FWB FLA

Zip

Country

Zip
32548 Country
USA

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

7. Name and Address of New Registered Agent

Name
WILLIAM TODD SCHWEIZER
 Street Address (P.O. Box Number is Not Acceptable)
4 LAGUNA STREET
SUITE 201
 City
FWB FL Zip Code
32548

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME ☐ Delete
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 CITY-ST-ZIP

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 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
 NAME ☐ Change ☐ Addition
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02 8503d 0179

Date

Daytime Phone #

CR2E034 (9/01)