

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90056 046 ***150.00

DOCUMENT # P95000031611

1. Entity Name
J.T.B. TOOL COMPANY, INC.

Principal Place of Business 5564 SW 112 TERR COOPER CITY FL 33330	Mailing Address 5564 SW 112 TERR COOPER CITY FL 33330-4538
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A0022355



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13851 SW 43rd St. Suite, Apt. #, etc.		3. Mailing Address 2611 N. HIATUS RD. Suite, Apt. #, etc. PMB 105	
City & State DAVIE, FL.		City & State COOPER CITY, FL	
Zip 33330	Country USA	Zip 33330	Country USA

4. FEI Number 65-0592127	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
~~LIBERMAN, JILL~~
 5564 SW 112 TERR
 COOPER CITY FL 33330

7. Name and Address of New Registered Agent
 Name: ~~LIBERMAN, JILL~~
 Street Address (P.O. Box Number is Not Acceptable):
 13851 SW 43rd St.
 City: DAVIE FL Zip Code: 33330

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D LIBERMAN, JILL 5564 SW 112 TERR COOPER CITY FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13851 SW 43rd St DAVIE, FL. 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIBERMAN, DANA 5564 SW 112 TERR COOPER CITY FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13851 SW 43rd St, DAVIE, FL. 33330
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Diana Liber **SIGNATURE REQUIRED** 2/8/00 954-680-2772
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)