

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

02-14-2000 90056 046 \*\*\*150.00

A0022355



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P95000031611**

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

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

2. Principal Place of Business      3. Mailing Address  
**13851 SW 43rd St.**      **2611 N. HIATUS RD.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**DAVIE, FL.**      **COOPER CITY, FL**

Zip      Country      Zip      Country  
**33330**      **USA**      **33330**      **USA**

4. FEI Number      Applied For  
**65-0592127**      ☐ Not Applicable

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      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	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **DIANE LIBERMAN**      2/8/00      954-680-2772  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)