

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097328

1. Entity Name

JTI, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90334 030 ***150.00

Principal Place of Business

Mailing Address

14422 BAY HILLS DR
 LARGO FL 33774
 US

14422 BAY HILLS DR
 LARGO FL 33774-5039
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9021 Oakhurst Rd
 Suite, Apt. #, etc. A+B

9021 Oakhurst Rd
 Suite, Apt. #, etc. A+B

City & State
 Seminole FL

City & State
 Seminole FL

4. FEI Number 65-0640962

Applied For
 Not Applicable

Zip Country
 33776 USA

Zip Country
 33776 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAPANDREW, GREGORY
 14422 BAY HILLS DR
 LARGO FL 33774

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	P	<input type="checkbox"/> Delete
NAME	PAPANDREW, GREGORY	
STREET ADDRESS	14422 BAY HILLS DR	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	V	<input type="checkbox"/> Delete
NAME	PAPANDREW, JACKIE	
STREET ADDRESS	14422 BAY HILLS DR	
CITY-ST-ZIP	LARGO FL 33774	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

26 APR 00 7225760074

CR2E034 (9/99)