

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006684

1. Entity Name

J.T.L. & SON, INC.

FILED

Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90115 033 ***150.00

Principal Place of Business

774 SW MCCracken AVE
PORT ST LUCIE FL 34953

Mailing Address

774 SW MCCracken AVE
PORT ST LUCIE FL 34953-3932

00044668



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0635049

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LYNCH, JERRY T SR
1474 SE BUCKINGHAM TERRACE
PORT ST LUCIE FL 34952

Name

Lynch, Jerry T. Sr.

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

774 S.W. McCracken Ave.

City

Pt. St. Lucie

FL

Zip Code

34952

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
NAME LYNCH, JERRY T SR
STREET ADDRESS 1474 SE BUCKINGHAM TERR
CITY-ST-ZIP PT ST LUCIE FL ☐ Delete

TITLE V.P.
NAME Jerry T. Lynch Jr.
STREET ADDRESS 774 S.W. McCracken Ave.
CITY-ST-ZIP Pt. St. Lucie, FL 34953 ☐ Change ☒ Addition

TITLE ST
NAME LYNCH, DONNA M
STREET ADDRESS 1474 SW BUCKINGHAM TERR
CITY-ST-ZIP PT ST LUCIE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

George T. Lynch Jr. (P)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2000
Date

561-343-7760
Daytime Phone #