

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047566

1. Entity Name

J.T.K. ADVISORY INVESTMENT SERVICES, INC.

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90133 035 ***150.00

Principal Place of Business

Mailing Address

175 W CAMINO REAL
BOCA RATON FL 33432
US

175 WEST CAMINO REAL
BOCA RATON FL 33432-5941
US

00040610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7040 W PALMETTO PK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

44-255

← 5 AM 5

City & State

City & State

BOCA RATON, FL

4. FEI Number

65-0673305

Applied For

Not Applicable

Zip

Country

Zip

Country

33433

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

PLATTER, WILLIAM L
175 W CAMINO REAL
BOCA RATON FL 33432

Name

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

7040 W PALMETTO PARK RD

4-255

City

BOCA RATON

FL

Zip Code

33433

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

William L. Platter
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/18/00

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 ☐ Delete
NAME D
STREET ADDRESS PLATTER, WILLIAM L
CITY-ST-ZIP 175 WEST CAMINO REAL
BOCA RATON FL 33432

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 #

C.F. 1014 (9/99)