2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 01, 2001 8:00 am Secretary of State DOCUMENT # P96000079131 JTB ENTERPRISES, INC. 03-01-2001 90005 027 ***150.00 Principal Place of Business Mailing Address 240 N. WASHINGTON BLVD. 240 N. WASHINGTON BLVD. SUITE 306 SUITE 306 o \mathbf{r} o \mathbf{r} o \mathbf{r} SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address MAIN Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 1005 Applied For 4. FEI Number 65-0696045 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRISON, JOHN D Street Address (P.O. Box Number is Not Acceptable) 11308 PINE LILLY PLACE SUITE 203 **BRADENTON FL 34202** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change ☐ Addition HARRISON, JOHN D NAME NAME STREET ADDRESS 11308 PINE LILLY PLACE STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-7IP TITLE □ Delete TITLE Change Addition HARRISON, TERESA A NAME NAME STREET ADDRESS 11308 PINE LILLY PLACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34202** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Addition