2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 02, 2002 8:00 am Secretary of State **DOCUMENT #** P96000101831 1. Entity Name 05-02-2002 90075 001 ***150.00 J. TINO ENTERPRISE, INC. Principal Place of Business Mailing Address 3206 7TH AVE WEST 3206 7TH AVE WEST **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business Mailing Address 911 415 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0750078 Bradenton Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired u.s Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TINO, JERALD N Street Address (P.O. Box Number is Not Acceptable) 3206 7 AV W **BRADENTON FL 34205** 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 nted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE DPS ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition Tino Terald N 911 4127 Stet W NAME TINO, JERALD N NAME STREET ADDRESS 531924TH ST W STREET ADDRESS CITY-ST-ZIP **BRANDENTON FL** CITY-ST-ZIP Bradenton, FL 34205-1672 TITLE ☐ Delete TITLE Change ☐ Addition NAME SPAZIANO, MARK NAME STREET ADDRESS 3461 SALEM TRACE STREET ADDRESS CITY-ST-ZIP MARIETTA GA 30062 CITY-ST-ZIP TITI F Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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.