

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103553

1. Entity Name

JTS Properties, Inc. ✓

FILED

May 30, 2000 8:00 am
Secretary of State

05-30-2000 90102 021 ***158.75

Principal Place of Business

Mailing Address

2. Principal Place of Business

11 Berwick Rd.

Suite, Apt. #, etc.

3. Mailing Address

11 Berwick Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Beach Gardens, FL

Zip

33418

Country

USA

City & State

Palm Beach Gardens, FL

Zip

33418

Country

USA

4. FEI Number

65-0734800

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Sherry A. Snider

7. Name and Address of New Registered Agent

Name

Sherry A. Snider

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

11 Berwick Rd.

City

Palm Beach Gardens

FL

Zip Code

33418

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

Sherry A. Snider Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-08-00

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.S.
NAME Sherry A. Snider
STREET ADDRESS 11 Berwick Rd.
CITY-ST-ZIP Palm Beach Gardens, FL 33418 ☐ Delete

TITLE VP T
NAME John R. Snider
STREET ADDRESS 11 Berwick Rd.
CITY-ST-ZIP Palm Beach Gardens, FL 33418 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

CR2E034 (9/99)

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

Sherry A. Snider Pres.

Date

5-08-00

Daytime Phone #

(561)626-9896