

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90154 016 ***150.00

DOCUMENT # P97000038906
 1. Entity Name
 JTD Corporation of Northwest Florida

Principal Place of Business Mailing Address
 730 N Beal PKWY
 Ft Walton Beach, FL 32547

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 59-3483084 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

A0056734

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Tagert, David
 912 Aloma Faye Lane
 Ft Walton Beach, FL 32547

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Dobson, Randall	
STREET ADDRESS	4499 Parkwood Square	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Johnson, Horace E.	
STREET ADDRESS	880 Masters Boulevard	
CITY-ST-ZIP	Shalimar, FL 32579	
TITLE	D	<input type="checkbox"/> Delete
NAME	Tagert, David B	
STREET ADDRESS	912 Aloma Faye Lane	
CITY-ST-ZIP	Ft Walton Beach, FL 32547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tagert, David B	
STREET ADDRESS	912 Aloma Faye Lane	
CITY-ST-ZIP	Ft Walton Beach, FL 32547	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tagert, Kathern L.	
STREET ADDRESS	912 Aloma Faye Lane	
CITY-ST-ZIP	Ft Walton Beach, FL 32547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: David B. Tagert Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)