

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90106 002 ***150.00

DOCUMENT # P97000101607

1. Entity Name

JESTS IN TIME, INC.

Principal Place of Business

Mailing Address

7744 - 46TH AVENUE, NORTH
ST. PETERSBURG FL 33709

7744 - 46TH AVENUE, NORTH
ST. PETERSBURG FL 33709-2453

2. Principal Place of Business

3. Mailing Address

4812 Gallant Lane

4812 Gallant Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32821

Country

USA

Zip

32821

Country

USA

4. FEI Number

59-3479992

Applied For

Not Applicable

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

BUTZ, MARK
7744 - 46TH AVENUE, NORTH
ST. PETERSBURG FL 33709

Name

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

4812 Gallant Lane

City

Orlando,

FL

Zip Code
32821

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.

(NOTE: Registered Agent signature required when reinstating)

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 **DT**
STREET ADDRESS **SEDLOCK, MAMCY J**
CITY-ST-ZIP **10838-106TH AVENUE NORTH
LARGO FL 33778**

TITLE ☒ Change ☐ Addition
NAME **Shedlock, Nancy J.**
STREET ADDRESS **4812 Gallant Lane**
CITY-ST-ZIP **Orlando, FL 32821**

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **BUTZ, MARK**
CITY-ST-ZIP **7744 - 46TH AVENUE, NORTH
ST. PETERSBURG FL 33709**

TITLE ☒ Change ☐ Addition
NAME **4812 Gallant Lane**
STREET ADDRESS **Orlando, FL 32821**

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **HITZEMAN, CYNTHIA**
CITY-ST-ZIP **7744 - 46TH AVENUE, NORTH
ST. PETERSBURG FL 33709**

TITLE ☒ Change ☐ Addition
NAME **4812 Gallant Lane**
STREET ADDRESS **Orlando, FL 32821**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
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 #

1-26-00 407 224-4719