

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102997

1. Entity Name
JT'S OF MADEIRA, INC.

Principal Place of Business
116 JOHN'S PASS BOARDWALK
MADEIRA BCH FL 33708

Mailing Address
116 JOHN'S PASS BOARDWALK
MADEIRA BCH FL 33708

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 59-3482037

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

PORTELLI, THOMAS A
1528 WALNUT ST
CLEARWATER FL 33755

Name Gibeault Jeffrey J
Street Address (P.O. Box Number is Not Acceptable)
112 Sun Isle Circle
City Treasure Island FL 33706

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 Jeffrey J Gibeault
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)
Jeffrey J Gibeault 4/8/01
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, 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 ☐ Delete
NAME D
STREET ADDRESS GIBEAULT, JEFFREY J
CITY-ST-ZIP 112 SUN ISLE CIR
TREASURE ISLAND FL 33708

TITLE ☐ Delete
NAME D
STREET ADDRESS PORTELLI, THOMAS A
CITY-ST-ZIP 1528 WALNUT ST
CLEARWATER FL 33755

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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:

Jeffrey J Gibeault 4/12/01 (727) 319-6085
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FILED
May 19, 2001 8:00 am
Secretary of State

04-17-2001 90104 035 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)