## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#**

P98000001528

1. Entity Name

J.T.S.R. 98, INC.

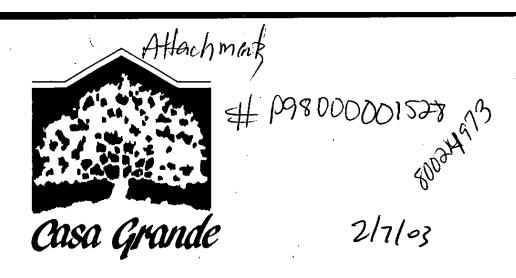


## **FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90177 028 \*\*\*150.00

			600 WE					
Principal Place of Business 6455 SAN JUAN AVE ATT: OFFICE JACKSONVILLE FL 32210			Mailing Address 1568 BELUTHAHATCHEE ROAD JACKSONVILLE FL 32259					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		1081 881   10 1410  (Bill Ball	I MB[[] ADIŞI AMIJI MBJBI III	161 21116 11261 12	(1 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 59-3486445 Applied For Not Applicab			$\overline{}$
Zip	Country	Zip	Country	5. (	Certificate of Status Desired		'5 Additional Required	
6.	Name and Address of Curr	rent Registered Agent		71	Name and Address of New	.Registered Agent		
Barnett, Ja 1568 Beluth Jacksonvili	AT	NIOFA			in Code			
			City	chson	uville	FL   4	3221 F	<b>,</b>
signature Signat	ed entity submits this statement registered agent.  ANDETE  ure, typed or printed name of registered in NOW!!! FEE IS \$150.00	agent and title if applicable.	1 0	T		217103 DATE	\$5.00 Ma	_
After May	/ 1, 2003 Fee will be \$550 able to Florida Departme	.00		•	Trust Fund Contribu	ution.	Added to Fe	es
10.	OFFICERS /	AND DIRECTORS	11.	ΑŪ	ODITIONS/CHANGES TO C			
STREET ADDRESS 15	ARNETTE, JACK T 68 BELUTHAHATCHEE R CKSONVILLE FL 32259	□ Dele	Ite TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change D	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dele	NAME STREET ADDRESS CITY-ST-ZIP				Change 🗍 /	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		□ Dele	PIE TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>3.</b>	· [10]	Change 🗋 /	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deli	ete TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change 🔲	Addition
TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP		☐ Dek	ete TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				Change 🔲	Addition
	y that the information supplied	d with this filing does not q	ualify for the exemption sta	ted in Section	119.07(3)(i), Florida Statut	es. I further certify th	nat the inform	ation

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 requirer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attack right with an address, with all other like empowered.

SIGNATURE: \_



PLEASE NOTE THE CHANGE of AMNESS. THE REGISTERED AGENT HAS NOT CHANGED ONly MY ADDRESS. IF THERE IS ANOTHER PROCESURE FOR CHANGING THE MAILING ADDRESS PLEASE NOTIFY ME C

JACH RANETTE
6455 SAN JUAN AVE
ATTON: OFFICE
JAX. FIA. 32210.

THANK YOU DANGETTE