

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

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90177 028 \*\*\*150.00

**DOCUMENT # P98000001528**

1. Entity Name  
**J.T.S.R. 98, INC.**



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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3486445**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BARNETT, JACK T  
1568 BELUTHAHATCHEE ROAD  
JACKSONVILLE FL 32259**

7. Name and Address of New Registered Agent

Name **JACK T. BARNETTE**

Street Address (P.O. Box Number is Not Acceptable)  
**6455 SAN JUAN AVE  
ATTN: OFFICE**

City **JACKSONVILLE** FL Zip Code **32210**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **J. BARNETTE** **JACK BARNETTE / PRESIDENT** DATE **2/7/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARNETTE, JACK T</b>	
STREET ADDRESS	<b>1568 BELUTHAHATCHEE ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32259</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **J. BARNETTE** **JACK BARNETTE / PRESIDENT** DATE **2/7/03** 904-781-4488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)



Casa Grande

Attachment

# P98000001528

80024973

2/7/03

PLEASE NOTE THE CHANGE OF ADDRESS. THE REGISTERED AGENT HAS NOT CHANGED ONLY MY ADDRESS. IF THERE IS ANOTHER PROCEDURE FOR CHANGING THE MAILING ADDRESS PLEASE NOTIFY ME @

JACK BANWETTE  
6455 SAN JUAN AVE  
ATTN: OFFICE  
JAX. FLA. 32210.

Thank you

JACK BANWETTE