

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038382

1. Entity Name

JBTR ENTERPRISES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90030 041 ***150.00

Principal Place of Business
3315 LIGHTHOUSE POINTE LANE
JACKSONVILLE FL 32250

Mailing Address
3315 LIGHTHOUSE POINTE LANE
JACKSONVILLE FL 32250-2325

C0003710



DO NOT WRITE IN THIS SPACE

② Principal Place of Business
9550 Regency Square Blvd.
Suite, Apt. #, etc. Suite 708

3. Mailing Address
Same as

City & State
Jacksonville, FLA.

Suite, Apt. #, etc.

City & State

4. FEI Number 59-3514053

Applied For

Not Applied For

Zip 32225 Country USA

Zip Country

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

6. Name and Address of Current Registered Agent

ROBERTS, JOHN B
3315 LIGHTHOUSE POINTE LANE
JACKSONVILLE FL 32250

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

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	P	<input type="checkbox"/> Delete
NAME	ROBERTS, JOHN B	
STREET ADDRESS	3315 LIGHTHOUSE POINTE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBERTS, TERRI L	
STREET ADDRESS	3315 LIGHTHOUSE POINTE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9550 Regency Square Blvd. Ste. 708
STREET ADDRESS	Jacksonville, Fla. 32225
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9550 Regency Square Blvd. Ste. 708
STREET ADDRESS	Jacksonville, Fla. 32225
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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:

John B. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

Date

Daytime Phone #

1-7-00 (904) 722-89