

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000038382**

1. Entity Name

JBTR ENTERPRISES, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90070 017 ***150.00

Principal Place of Business

**9550 REGENCY SQUARE BLVD
SUITE 708
JACKSONVILLE FL 32225**

Mailing Address

**9550 REGENCY SQUARE BLVD
SUITE 708
JACKSONVILLE FL 32225**

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3514053**

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

**ROBERTS, JOHN B
3315 LIGHTHOUSE POINTE LANE
JACKSONVILLE FL 32250**

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

State

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 (Applicable)

(Not Applicable) Registered Agent's signature required when reappointing

(Not Applicable)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
P ☐ Delete ROBERTS, JOHN B 9550 REGENCY SQUARE BLVD, STE. 708 JACKSONVILLE FL 32225	☐ Change ☐ Addition
V ☐ Delete ROBERTS, TERRI L 9550 REGENCY SQUARE BVD, STE. 708 JACKSONVILLE FL 32225	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition

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 changed, or on an attachment with an address, with a, other like empowered.

SIGNATURE:

Terr L Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-01

(404) 722-8901

Date

Phone Number

CR2F034 (10/00)