

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056664

1. Entity Name

JUST IN TIME INDUSTRIES, INC.

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90027 044 \*\*\*158.75

Principal Place of Business

745 52ND AVENUE NORTH  
ST PETERSBURG FL 33703-2831

Mailing Address

745 52ND AVENUE NORTH  
ST PETERSBURG FL 33703-2831

2. Principal Place of Business

3. Mailing Address

6741 102ND AVE. N.  
Suite, Apt. #, etc.  
UNIT 5B

6741 102ND AVE. N.  
Suite, Apt. #, etc.  
UNIT 5B

City & State  
PINELLAS PARK, FLORIDA

City & State  
PINELLAS PARK, FLORIDA

Zip  
33782-2913

Country

Zip  
33782-2913

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3582216

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NROGOSIENSKI, MICHAEL  
745 52ND AVENUE NORTH  
ST PETERSBURG FL 33703-2831

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)

X

**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

X

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ROSGOSIENSKI, MICHAEL	
STREET ADDRESS	745 52ND AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33703-2831	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDSEY, HAROLD R	
STREET ADDRESS	2929 STILWELL COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDSEY, ROSE M	
STREET ADDRESS	12334 PHYLLIS LANE	
CITY-ST-ZIP	HUDSON FL 34699	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, for, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 Feb 2000 727-546-8661

Date

Daytime Phone #

CR2E034 (9/99)