

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060695

1. Entity Name
G J & T HOLDINGS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State
04-11-2000 90049 031 ***150.00

Principal Place of Business
292 ALTERNATE 19, NORTH
PALM HARBOR FL 34683

Mailing Address
292 ALTERNATE 19, NORTH
PALM HARBOR FL 34683-5338

2. Principal Place of Business
1261 E. Sample Rd.
Suite, Apt. #, etc.

3. Mailing Address
292 Alternate 19 N.
Suite, Apt. #, etc.
Palm Harbor, FL 34683



DO NOT WRITE IN THIS SPACE

City & State
Pompano Bch., FL
Zip 33064
County Broward

City & State
Palm Harbor, FL 34683
Zip 34683
County Pinellas

4. FEI Number
39-3585345
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIDWELL, THOMAS GREGORY
292 ALTERNATE 19, NORTH
PALM HARBOR FL 34683

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Thomas Gregory Sidwell 1838 Pipers Meadow Dr. Palm Harbor, FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Thomas Di Loreto 6343 Scott Lane Ft. Myers, FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jayne A. Sidwell 1838 Pipers Meadow Dr. Palm Harbor, FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Jayne Sidwell Jayne Sidwell 4-6-00 (727) 785-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)