

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90049 031 \*\*\*150.00

**DOCUMENT # P99000060695**

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

Principal Place of Business 292 ALTERNATE 19. NORTH PALM HARBOR FL 34683	Mailing Address 292 ALTERNATE 19. NORTH PALM HARBOR FL 34683-5338
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1261 E. Sample Rd.</b>	3. Mailing Address <b>292 Alternate 19 N.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Palm Harbor, FL 34683</b>

City & State <b>Pompano Bch., FL</b>	City & State	4. FEI Number <b>59-3585345</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <del>34683</del> <b>33064</b>	Country <b>Broward</b>	Zip <b>34683</b>	Country <b>Pinellas</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>SIDWELL, THOMAS GREGORY 292 ALTERNATE 19, NORTH PALM HARBOR FL 34683</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>President</b> <input type="checkbox"/> Delete	NAME <b>Thomas Gregory Sidwell</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1838 Pipers Meadow Dr.</b>	CITY-ST-ZIP <b>Palm Harbor, FL 34683</b>	STREET ADDRESS	
TITLE <b>Vice President</b> <input type="checkbox"/> Delete	NAME <b>Thomas Di Loreto</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>6343 Scott Lane</b>	CITY-ST-ZIP <b>Ft. Myers, FL 33912</b>	STREET ADDRESS	
TITLE <b>Secretary</b> <input type="checkbox"/> Delete	NAME <b>Jayne A. Sidwell</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1838 Pipers Meadow Dr.</b>	CITY-ST-ZIP <b>Palm Harbor, FL 34683</b>	STREET ADDRESS	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	

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 #

CRE034 (9/99)