

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000060695****1. Entity Name**
G J & T HOLDINGS, INC.**FILED**
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90047 031 ***150.00

Principal Place of Business
1261 E SAMPLE ROAD
POMPANO BEACH FL 33064**Mailing Address**
292 ALTERNATE 19, NORTH
PALM HARBOR FL 34683**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3585345

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** _____
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** ☐ Delete
NAME **P**
SIDWELL, THOMAS G
STREET ADDRESS **1828 PIPERS MEADOW DRIVE**
CITY-ST-ZIP **PALM HARBOR FL 34683****TITLE** ☐ Delete
NAME **VP**
DILORETO, THOMAS
STREET ADDRESS **6343 SCOTT LANE**
CITY-ST-ZIP **FORT MYERS FL 33912****TITLE** ☐ Delete
NAME **S**
SIDWEL, JAYNE A
STREET ADDRESS **1838 PIPERS MEADOW DR**
CITY-ST-ZIP **PALM HARBOR FL 34683****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-02 (727) 785-0066

CR2E034 (9/01)