## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900063886  1. Entity Name  J & T PINESTRAW, INC.					FILED May 10, 2000 8:00 am Secretary of State			
o Q TTI	COMPANY MAD				04-11-2000 90			
Principal Place	of Business	Mailing Address			0 / 11 <u>2</u> 000 9			
7614 WHITE FENCE LANE TALLAHASSEE FL 32311		7614 WHITE FENCE LANE TALLAHASSEE FL 32311						
2. Principal Place of Business		3. Mailing Address		-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	DO NOT WRITE IN TH		- 411, 102	
City & State		City & State		<b>4.</b> F	El Number 3589855		olied For Applicable	
Zip	Country	Zip	Country	5. 0	Certificate of Status Desired	\$8.75 Addi	tional	
	6. Name and Address of Current	Registered Agent		7. N	Name and Address of New Register			
		The same of the sa	Name ~	; <del></del>	- State - Stat	*********		
REHBERG, JESSE 7814 WHITE FENCE LANE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
TALL	AHASSEE FL 32311		City			Zip Code		
			registered office or regis	City FL Zip Code				
9. This corpo	Signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!	: Registered Agent signature requirements of State of Sta	0	oinstating) DA  10. Election Campaign Financing Trust Fund Contribution,	\$5.0	O May Be to Fees	
11.	OFFICERS AND		12.		DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	SIN 11	
TITLE NAME STREET ADDRESS	President Jesse Rehbe 7614 White Fel	□ Delete	TITLE NAME STREET ADORESS	776	22	☐ Change	CR2E034 (9/99)	
CITY-ST-ZIP TITLE NAME	VPres.	<b>¥/323 V</b> □ Delete	CITY-ST-ZIP  TITLE  NAME	•		☐ Change	Addition S	
STREET ADDRESS CITY-ST-ZIP	TRAVIS TEOGER FOX Rd: TAHAHASSEE, I	Z1 32308	STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ □ Delate .	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	Change	Addition Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated of the co	certify that the information supplied widon this report or supplemental report poration or the receiver or trustee em (, or on an attachment with an address	is true and accurate and that i powered to execute this report	my signature shall have t as required by Chapter	ihe same	e legal effect as if made under cath: It	nai I am an office	r or director I	