## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am Secretary of State DOCUMENT # 1. Entity Name 05-13-2002 90162 028 \*\*\*150.00 J.T. BANTON AND ASSOCIATES INC. Principal Place of Business Mailing Address 2700 SUNRISE HILL TRAIL 2700 SUNRISE HILL TRAIL SANFORD FL 32771 SANFORD FL 32771 US 2. Principal Place of Business 3. Mailing Address 2118 5, PARIC AUF. 2118 S. PARIS AUE. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SANFORD City & State SANFORD, FC. 4. FEI Number Applied For 65-0240638 Not Applicable Semi Nole \$8.75 Additional **ユフフ/** 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHN T. JR. BANTON BANTON, JOHN T., JR. Street Address (P.O. Box Number is Not Acceptable) 2700 SUNRISE HILL TRAIL 21185. PARIC AUC SANFORD FL 32771 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) 9. This corporation is eligible to satisfy its Intangible. FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BANTON, JOHNT. JR. 2118 S. PARKAVE SANGONNI FC. 32771 NAME BANTON, JOHN T., JR. NAME STREET ADDRESS 205 LAZY ACRES LANE STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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:

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