

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S57742

1. Entity Name

J A T INVESTMENTS, INC.

FILED

Mar 10, 2000 8:00 am  
Secretary of State

03-10-2000 90015 036 \*\*\*150.00

Principal Place of Business

Mailing Address

5003 N 40TH STREET  
SUITE 101  
TAMPA FL 33610-237  
US

5003 N 40TH STREET  
SUITE 101  
TAMPA FL 33610-5237  
US

820713



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3071374

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWNRIGG, JAMES  
3911 SAN PEDRO STREET  
TAMPA FL 33629

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P	BROWNRIGG, JAMES	3911 SAN PEDRO STREET TAMPA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	DURKIN, WILLIAM H.	106 W. WINDHORST RD #101 BRANDON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	S	BROWNRIGG, JOANNE	5003 N 40TH STREET, SUITE 101 TAMPA FL 33610-5237	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Joanne Brownrigg  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00

Date

(813) 626-7709

Daytime Phone #

CR 1 034 (9/99)