

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90091 032 ***150.00

DOCUMENT # M72692

1. Entity Name
JEPSEN TOOL COMPANY, INC.

Principal Place of Business 6864 PHILLIPS PARKWAY DR. SOUTH JACKSONVILLE FL 32256-1564	Mailing Address 6864 PHILLIPS PARKWAY DR. SOUTH JACKSONVILLE FL 32256-1564
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2876618	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent SHEFFIED, HOWARD 10192 SAN JOSE BLVD. JACKSONVILLE FL 32223			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 _____ (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. (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	P <input type="checkbox"/> De'ete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPECKHAHN, HENRY D.		NAME		
STREET ADDRESS	2663 N. OCEAN SHORE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY BEACH FL		CITY-ST-ZIP		
TITLE	ST <input type="checkbox"/> De'ete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPECKHAHN, INGEBORG S.		NAME		
STREET ADDRESS	2663 N. OCEAN SHORE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY BEACH FL		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> De'ete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPECKHAHN, MICHAEL		NAME		
STREET ADDRESS	11644 WEST RIDE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> De'ete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> De'ete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> De'ete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Jacobson Speckhahn* **INCORPORATED** *Jepson Tool Company, Inc.* *4-10-2000* *904-262-2197*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)