2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061718 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name JELUS ENGINEERING, INC. 04-25-2000 90144 003 ***150.00 Principal Place of Business Mailing Address 1688 W. HIBISCUS BLVD. 1688 W. HIBISCUS BLVD. MELBOURNE FL 32901 MELBOURNE FL 32901-2631 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3393656 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JELUS, TIMOTHY C Street Address (P.O. Box Number is Not Acceptable) 1688 W. HIBISCUS BLVD. MELBOURNE FL 32901 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE DILE JELUS, TIMOTHY C NAME NAME 1688 W. HIBISCUS BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MELBOURNE FL 32901** ☐ Change ☐ Addition ☐ Delete TITLE TITLE JELUS, KIMBERLY C NAME NAME STREET ADDRESS STREET ADDRESS 4455 COUNTRY ROAD CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32934 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP olied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this fill indicated on this report or supplementar report is true a of the corporation or the receiver or trivstee empowered changed, or on an attachment with at acture s, with all

Timothy C. Jelus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

321**-**727-1000

Daytime Phone #

Date