2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

561484 **DOCUMENT#**



FILED Jan 16, 2003 8:00 am Secretary of State

JRS GEOSERVICES, INC.							01-16-2003 90156 033 ***150.00					
	ice of Business IEN ROAD WEST FL 33813	Mailing Address 5833 BRANNEN ROAD WEST LAKELAND FL 33813					: 1881 ERIT ERIT ERIT ERIT ERIT	SISI SISII GIBII	216 11 518 11 1	8 (
Principal Place of Business 3. Mailing Address												
Suite Am	h #		Code Assault									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State			4.		El Number 59-1811646	•		oplied For ot Applicable	
Zip	Count	try Zip)	Coun	try		5. C	ertificate of Status Desired		3.75 Ade	ditional	٦
	6. Name and Add	dress of Current Register	ed Agent				7. Na	ame and Address of New Re		•		┨
SCHMED	EMAN, JOHN R	·			Name		=_:_					٦
	ANNEN ROAD WES	г	Street Addre			dress (P.	(P.O. Box Number is Not Acceptable)					= `
LAKELAND FL 33813						-		<u> </u>		 -		4
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8 The above	a named entity submits	this statement for the nur	age of abouting its		-	• .			FL	Zip Cod		
the obliga	tions of registered age	int.	pose of crianging its	registere	a office or re	egistered	d ager	nt, or both, in the State of Florid	da. I am fam	iliar with,	and accept	
SIGNATURE												1
		ame of registered agent and title if ap	plicable. (NOTE	: Registered	Agent signature	required wh	hen rein:	stating)	DATE			Ì
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Finar Trust Fund Contribution.	ncing	\$5.0 Added	0 May Be I to Fees	
10.		DRS	3 11.			ADD	ITIONS/CHANGES TO OFFIC	ERS AND DI	RECTORS	2:IN 11	-	
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CITY-ST-ZIP	Table at Man			CITY-S	3	_						
indicated	on this report or supple	on supplied with this tiling emental report is true and	does not qualify for the	ne exem	ption stated	in Section	on 119	9.07(3)(i), Florida Statutes. I ful	ther certify the	nat the inf	formation	ĺ

indicated on his 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 10 or Block 11 if changed, or on an attachment with an address; with an other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR