

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90034 039 ***150.00

DOCUMENT # F96000002717

1. Entity Name
JTECH COMMUNICATIONS, INC.

Principal Place of Business
6413 CONGRESS AVENUE, SUITE 150
BOCA RATON FL 33487

Mailing Address
6413 CONGRESS AVENUE, SUITE 150
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0023121**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 _____
 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, 2002 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 **D** ☐ Delete
 NAME **MILLER, DAVID T**
 STREET ADDRESS **6413 CONGRESS AVENUE, SUITE 150**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PD** ☒ Delete
 NAME **BESCOBY, ERIC**
 STREET ADDRESS **6413 CONGRESS AVE, STE 150**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **PD** ☐ Change ☒ Addition
 NAME **DAVID STOKOE**
 STREET ADDRESS **6413 CONGRESS AVE, STE 150**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **D** ☐ Delete
 NAME **GRAHAM, JEFFREY J SR**
 STREET ADDRESS **6413 CONGRESS AVENUE, SUITE 150**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **CD** ☐ Delete
 NAME **TERRY, CLARENCE**
 STREET ADDRESS **64131 CONGRESS AVENUE SUITE 150**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VPD** ☐ Delete
 NAME **LEDER, MARC**
 STREET ADDRESS **5355 TOWN CENTER ROAD, STE 802**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VPD** ☐ Delete
 NAME **KROUSE, ROGER**
 STREET ADDRESS **5355 TOWN CENTER ROAD, STE 802**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 4/1/02 561-997-0772

Date

Daytime Phone #

CR2E034 (9/01)