

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006876**

1. Entity Name
CHANNEL, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 10 AM 9:25

Principal Place of Business

19115 SAINT LAURENT DRIVE
LUTZ FL 33549

Mailing Address

19115 SAINT LAURENT DRIVE
LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DALY, TERENCE J
4009 WEST ANGELES 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DU, RU L
19115 SAINT LAURENT DRIVE
LUTZ FL 33549 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300003326963--7
-07/18/00--01085--017
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

RULIANG DU

7-6/2000

819-909-1688

Date

Daytime Phone #

CR2E083 (5/00)

David L. Juttelstad, P.E.
Mechanical & Structural Design

J Engineering
3222 Nottingham Lane
Cocoa FL 32926-6625

(321) 637-0820
Fax: (321) 637-0830

July 10, 2000

Fictitious Name Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Reference: J Engineering

Registration Number: 698999018769

This is to notify you that effective this date my address has been changed
to:

J Engineering
3222 Nottingham Lane
Cocoa FL 32926-6625

OLD ADDRESS: 505 Avenue A NW, Suite 218B
Winter Haven FL 33881

Cordially,



David L. Juttelstad, P.E.