## 2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee changed, or on an attachment with

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE

## Apr 27, 2000 8:00 am Secretary of State DOCUMENT # M81899 1. Entity Name JLW TECHNICAL COMMUNICATIONS, INC. 04-27-2000 90015 049 \*\*\*150.00 Principal Place of Business Mailing Address % LINDA G. WILLIAMS % LINDA G. WILLIAMS 1761 N.W. 12TH AVE. 1761 N.W. 12TH AVE. HOMESTEAD FL 33030-2958 HOMESTEAD FL 33030 AUU47669 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0398545 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 WILLIAMS, LINDA G. Street Address (P.O. Box Number is Not Acceptable) 1761 N.W. 12TH AVE. HOMESTEAD FL 33030 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 -Tax filing requirement and elects to do so. Trust Fund Contribution.; Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change • ¹ ☐ Addition TITLE TITLE ☐ Delete WILLIAMS, LINDA G. NAME STREET ADDRESS STREET ADDRESS 1761 N.W. 12TH AVE. CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL ☐ Change Addition ☐ Delete TITLE TITLE WILLIAMS, JOSEPH L. NAME NAME STREET ADDRESS STREET ADDRESS 1761 N.W. 12TH AVE. CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL ☐ Change Addition ☐ Delete TITLE TITLE ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE 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-ZIP CITY-ST-ZIE 13. I hereby certify that the information supplied with this fill indicated on this report or supplemental report is true no qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

urate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director oute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

WILLIAMS 4/17/00