

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001540

1. Entity Name
BUCKEYEJCF TECHNOLOGY LLC

FILED
00 JUL 17 AM 8:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
1040 E OLIVE RD., #811
PENSACOLA FL 32514

Mailing Address
1040 E OLIVE RD., #811
PENSACOLA FL 32514-4860

2. Principal Place of Business
1040 E OLIVE RD

Suite, Apt. #, etc.
403

City & State
PENSACOLA, FL

Zip
32514

Country

3. Mailing Address
1040 E OLIVE RD

Suite, Apt. #, etc.
403

City & State
PENSACOLA, FL

Zip
32514

Country

4. FEI Number
59-3584899

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.

417 E. VIRGINIA ST.

STE. 1

TALLAHASSEE FL 32301-1283

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
FOCHT, JOSHUA C
1040 E OLIVE RD., #811
PENSACOLA FL 32514

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
600003326936--0
-07/18/00--01085--005
*****50.00 *****50.00

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

TITLE
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☐ 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

Date

Daytime Phone #

4/29/2000

850
450
2349