

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000058389

1. Entity Name

JCS INSTALLATION SERVICES, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90001 014 ***150.00

Principal Place of Business

259A 24TH STREET S.W.
WINTER HAVEN FL 33880

Mailing Address

259A 24TH STREET S.W.
WINTER HAVEN FL 33880

2. Principal Place of Business

1550 N. LAKE SHIPP DR SW
Suite, Apt. #, etc.

3. Mailing Address

1550 N LAKE SHIPP DR SW
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Haven FL

City & State

Winter Haven FL

4. FEI Number

59-3649009

Applied For

Not Applicable

Zip
33880

Country
POLK

Zip
33880

Country
POLK

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPRINKLE, LEE ANN
259A 24TH STREET S.W.
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name: Sprinkle, Lee Ann
Street Address (P.O. Box Number is Not Acceptable):
1550 N LAKE SHIPP DR SW
City: Winter Haven FL Zip Code: 33880

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

Lee Ann Sprinkle Lee Ann Sprinkle

DATE

01/11/01

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SPRINKLE, JOE C	
STREET ADDRESS	259A 24TH STREET S.W.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPRINKLE, LEE ANN	
STREET ADDRESS	259A 24TH STREET S.W.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sprinkle, Joe C	
STREET ADDRESS	1550 N LAKE SHIPP DR SW	
CITY-ST-ZIP	Winter Haven FL 33880	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sprinkle, Lee Ann	
STREET ADDRESS	1550 N LAKE SHIPP DR SW	
CITY-ST-ZIP	Winter Haven FL 33880	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Joe C Sprinkle Joe C Sprinkle

1/11/01

863-291-3784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0381131