

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90013 029 \*\*\*150.00

**DOCUMENT # P00000058389**

1. Entity Name  
**JCS INSTALLATION SERVICES, INC.**

Principal Place of Business  
**1550 N LAKE SHIPP DR SW  
 WINTER HAVEN FL 33880**

Mailing Address  
**1550 N LAKE SHIPP DR SW  
 WINTER HAVEN FL 33880**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1422 Ave H SW**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1422 Ave H SW**  
 Suite, Apt. #, etc.

City & State  
**Winter Haven FL**  
 Zip  
**33880**  
 Country  
**PolK**

City & State  
**Winter Haven FL**  
 Zip  
**33880**  
 Country  
**PolK**

4. FEI Number  
**59-3649009**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SPRINKLE, LEE ANN  
 1550 N LAKE SHIPP DR  
 WINTER HAVEN FL 33880**

**7. Name and Address of New Registered Agent**

Name  
**Lee Ann Sprinkle**

Street Address (P.O. Box Number is Not Acceptable)  
**1422 Ave H 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

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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SPINKLE, JOE C</b>	
STREET ADDRESS	<b>1550 N LAKE SHIPP DR</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SPRINKLE, LEE ANN</b>	
STREET ADDRESS	<b>1550 N LAKE SHIPP DR</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	
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		
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	<b>Joe C Sprinkle</b>	
STREET ADDRESS	<b>1422 Ave H SW</b>	
CITY-ST-ZIP	<b>Winter Haven FL 33880</b>	
TITLE	<b>Lee Ann Sprinkle</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lee Ann Sprinkle</b>	
STREET ADDRESS	<b>1422 Ave H SW</b>	
CITY-ST-ZIP	<b>Winter Haven FL 33880</b>	
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		
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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02**  
 Date

**863-287-4487**  
 Daytime Phone #

CR2E034 (9/01)