

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90289 050 ***219.20

0560040

DOCUMENT # P00000072361

1. Entity Name

JOSHUA IT SERVICES, INC.

Principal Place of Business

**1602 PRAIRIE LAKE BLVD.
 OCOEE FL 34761**

Mailing Address

**1602 PRAIRIE LAKE BLVD.
 OCOEE FL 34761**

2. Principal Place of Business

1390 Hope Rd.

Suite, Apt. #, etc.

Suite 200

City & State

Maitland, FL

Zip

32751

Country

USA

3. Mailing Address

1390 Hope Rd

Suite, Apt. #, etc.

Suite 200

City & State

Maitland, FL

Zip

32751

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3665765

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ZINAICH, PETER J
 1061 MAITLAND CENTER COMMONS
 MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

Zinaich, Peter J

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

330 E. Central Blvd.

City

Orlando

FL

Zip Code

32801

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 **Peter J. Zinaich, PETER J. ZINAICH**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/22/01

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	<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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President
STREET ADDRESS	Jeffrey A. Harper
CITY-ST-ZIP	1602 Prairie Lake Blvd. Ocoee, FL 34761
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice President
STREET ADDRESS	Arthur L. Harper
CITY-ST-ZIP	54 Dale Dr. Chatham, NJ 07928
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary
STREET ADDRESS	Ingrid B. Harper
CITY-ST-ZIP	1602 Prairie Lake Blvd Ocoee, FL 34761
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary
STREET ADDRESS	Ingrid B. Harper
CITY-ST-ZIP	1602 Prairie Lake Blvd Ocoee, FL 34761
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: **Jeffrey A. Harper** **Jeffrey A. Harper, President** **5/16/2001 (407) 478-0577**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)