FILED

2002 Uniform Business Report (UBR)

changed, or on an attachmen

Mar 31, 2002 8:00 am Secretary of State P01000042036 DOCUMENT # 1. Entity Name 03-31-2002 90052 044 ***150 00 J & C TECHNICAL SUPPORT, INC. Principal Place of Business Mailing Address 388 LIGHTHOUSE DRIVE 388 LIGHTHOUSE DRIVE PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State FEI Number و. 4 **4**5-1099380 Not Applicable Zip ' Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERTSCH, JERRY Street Address (P.O. Box Number is Not Acceptable) 388 LIGHTHOUSE DRIVE PALM BEACH GARDENS FL 33410 Zip Code City FI 8. The above named entity submits this statement for the purp4se of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Addition CR2E034 (9/01 TITLE ☐ Delete BERTSCH, JERRY NAME NAME 388 LIGHTHOUSE DRIVE STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITLE ☐ Addition 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-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITI E ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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