2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P01000071263

1. Entity Name

J.C.I. ECO SOLUTIONS, INC.



Apr 16, 2003 8:00 am \$ Secretary of State . FILED

04-16-2003 90137 022 ***150.00

Principal Place of Business Mailing Address 4 3 4 3 7 **7** 7 410 MANOR RD. 410 MANOR RD. MAITLAND FL 32751-5762 MAITLAND FL 32751-5762 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 59-3740460 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBINSON, JOHN E JR. Street Address (P.O. Box Number is Not Acceptable) 410 MANOR RD. MAITLAND FL 32751-5762 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ROBINSON, JOHN E JR. STREET ADDRESS STREET ADDRESS 410 MANOR RD. CITY-ST-ZIP CITY-ST-7IP MAITLAND FL 32751-5762 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME TODD, BONNIE O 3913 VILLAS GREEN CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 ☐ Addition TITLE ☐ Delete TITLE ☐ Change D NAME NAME FAIRCHILD, PATRICIA G STREET ADDRESS 3913 VILLAS GREEN CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachmen

SIGNATURE?