FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # _PO100011 2952_

1. Entity Name

JTC Services Inc.

DO NOT WRITE IN THIS SPACE

94078284

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business _4532 W. Kennedy_

Suite, Apt. #, etc. _#133_

City & State _Tampa Florida_

Zip _33609_ Country _United States_

3. Mailing Address _4532 W. Kennedy_

Suite, Apt. #, etc. _#133_

City & State _Tampa Florida_

Zip _33609_ Country

4. FEI Number _593760432_

☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name _Joseph T. Cambridge Jr._

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

4224 W. Union St.

City _Tampa_ **FL** Zip Code _33607_

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

| January 1 - May 1 Fee is $150.00 |
| After May 1, Fee is $550.00 |
| Amended UBR is $61.25 |
| Make Check Payable to Florida Department of State |

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE		TITLE		
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	P,V,T,S,D,C,M	TITLE		
NAME	Joseph T. Cambridge Jr.	NAME		
STREET ADDRESS	4224 W. Union St.	STREET ADDRESS		
CITY-ST-ZIP	Tampa Fl 33607	CITY-ST-ZIP		
TITLE		TITLE	**DO NOT WRITE**	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS	**IN THIS SPACE**	
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		
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 on an attachment with an address, with all other like empowered.

SIGNATURE: _Joseph T. Cambridge Jr._
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034B (12/02)