

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91039 049 ***150.00

DOCUMENT # P02000047894

1. Entity Name
JAX EQUIPMENT MANAGEMENT, INC.



Principal Place of Business
**2600 DOUGLAS RD. STE 1111
CORAL GABLES FL 33134**

Mailing Address
**2600 DOUGLAS RD. STE 1111
CORAL GABLES FL 33134**

2. Principal Place of Business
12854 LA COSTA CT
Suite, Apt. #, etc.—

3. Mailing Address
12854 LA COSTA CT
Suite, Apt. #, etc.—

City & State
Jacksonville, Florida

City & State
Jacksonville Florida

Zip Country
32225 Duval

Zip Country
32225 Duval

4. FEI Number
01-0700107

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MEJER, ALVARO L ESQUIRE
2600 DOUGLAS RD, STE 1111
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Mejer ALVARO L. Esquire**
Street Address (P.O. Box Number is Not Acceptable)
2600 Douglas Rd, Ste 1111
City **Coral Gables FL** Zip Code **33134**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☒ Delete
NAME **ARMSTRONG, TIMOTHY J**
STREET ADDRESS **2600 DOUGLAS RD, STE 1111**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P** ☒ Change ☐ Addition
NAME **LAUDERDALE, William L.**
STREET ADDRESS **12854 LA COSTA CT.**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE: **W. LAUDERDALE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Owner. 904-642 6226
Date Daytime Phone #

CR2E034 (10/02)