2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000085213 DOCUMENT



FILED Mar 13, 2003 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	J & E FC	DOD CORP OF TAMPA, INC	C .					03-13-2003 90078 05	O ***150.	.00	
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Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional \$8.75 Addi	Suite, Apt	. #, etc.	Suite, Apt. #, etc.				-	☐ CHECK HERE IF MAKING CHANGES			
SKOVGARD, ERVIN A 2101 DOEFIELD COURT VALRICO FL 33594 8. The above named entity submits this statement for the purpose of changing its registered officor or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature trised or inflict runs of requisined agent and life if appricable in the Changing its registered officor or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature trised or inflict runs of requisined agent and life if appricable in Profit de Department of State After May 1, 2003 Fee will be \$55,00 hadden to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS SIRRET ADDRESS OFFI-51-2P VALRICO FL 33594 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INC. SONGARD, DRIVIN A SIRRET ADDRESS OTFI-51-2P VALRICO FL 33594 OFFICERS AND DIRECTORS INILE MAME SIRRET ADDRESS OTFI-51-2P VALRICO FL 33594 OFFICERS AND DIRECTORS INILE MAME SIRRET ADDRESS OTFI-51-2P TILE MAME SIRRET	City & Sta	te	City & State				4. FEI Number Applied Not App				
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Street Address (P.O. Box Number is Not Acceptable)	SKOVGADD EDVIN A					Name					
### City FL Zip Code City FL Zip Code						Street Address (P.O. Box Number is Not Acceptable)					
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 FILE NOW!!! FEE IS \$150.00 / After May 1, 2003 Fee will be \$550.00 Make Check Eyrable to Florida Department of State 10.											
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After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS	SIGNATURE		and title if appli	cable. (NOTE	: Registere	3 Agent signature requi	ired when r	reinstating) DATE			
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CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in the control of the control	NAME STREET ADDRESS CITY-ST-ZIP				NAME STREE CITY-	T ADDRESS ST-ZIP			-	☐ Addition	

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.