FILED

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

## Sep 08, 2003 8:00 am Secretary of State P02000119629 **DOCUMENT #** 09-08-2003 90126 044 \*\*\*150.00 1. Entity Name J.C. PROFESSIONAL INSTALLATIONS, INC. Principal Place of Business Mailing Address 11304 MIGHTY OAK CT. 11304 MIGHTY OAK CT. ORLANDO FL 32821 ORLANDO FL 32821 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number <u>32004</u>6 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AXELROD, JACQUELINE A Street Address (P.O. Box Number is Not Acceptable) 11304 MIGHTY OAK CT. ORLANDO FL 32821 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE AXELROD, JACQUELINE A NAME NAME 11304 MIGHTY OAK CT. STREET ADDRESS STREET ADDRESS ORLANDO FL 32821 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS

12. 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

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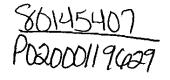
SIGNATURE:

(4/03)

attackment

## J.C. Professional Installations, Inc.

11304 Mighty Oak Court, Orlando, Florida 32821



September 2, 2003

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Attention: Accounts Receivable

Please be advised, that J.C. Professional Installations, Inc. did not receive the original notice for the Uniform Business Fee of \$150.00. Regarding the 2003 Uniform Business Report, question #1 under frequently asked questions, I understand that the penalties may be waived. I have enclosed a check in the amount of \$150.00, to cover the original fee.

Please credit the fee to J.C. Professional Installations, Inc. EIN # 320040981. I have also completed and enclosed document #P02000119629.

I appreciate your help regarding this request. If you have any questions, or need additional information, please don't hesitate to call me at 407-363-7856.

Sincerely,

Jacqueline A. Axelrod