

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007459

1. Entity Name

J & H TECHNICAL SERVICES, INC.

FILED  
Apr 16, 2002 8:00 am  
Secretary of State

04-16-2002 90044 041 \*\*\*150.00

Principal Place of Business	Mailing Address
P.O. BOX 10156 COCOA FL 32927 US	C/O ANALEX CORP 2000 AEROSPACE PKWY BROOK PARK OH 44142

2. Principal Place of Business	3. Mailing Address <i>C/o ALEXANDER G. PATTERSON 8257 CREEKSIDE TRACE</i>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State <i>BROADVIEW HTS, OHIO</i>
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Zip	Country	Zip <i>44147</i>	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NOWAK, DAVID E 6770 SOUTH US HIGHWAY 1 STE 1 TITUSVILLE FL 32780		Name	
		Street Address (P.O. Box Number is Not Acceptable) <i>5513 RIVER OAKS DRIVE</i>	
		City <i>FL</i> 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State
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10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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## 11. OFFICERS AND DIRECTORS

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>PATTERSON, ALEXANDER G</b> <b>P.O. BOX 10156</b> <b>COCOA FL 32927</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>KODGER, LESE A</b> <b>P.O. BOX 10156</b> <b>COCOA FL 32927</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOOCH, LAWRENCE L</b> <b>P.O. BOX 10156</b> <b>COCOA FL 32927</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

*President*

*4/17/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/01)