

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-16-2002 90044 041 ***150.00

DOCUMENT # P93000007459

1. Entity Name

J & H TECHNICAL SERVICES, INC.

Principal Place of Business

**P.O. BOX 10156
 COCOA FL 32927
 US**

Mailing Address

**C/O ANALEX CORP 2000 AEROSPACE PKWY
 BROOK PARK OH 44142**

2. Principal Place of Business

3. Mailing Address **C/O ALEXANDER G. PATTERSON**

8257 CREEKSIDE TRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BROADVIEW HTS, OHIO

Zip

Country

Zip

Country

44147

4. FEI Number

59-3168690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

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 4

TITUSVILLE FL 32780

Name

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

5513 RIVER OAKS DRIVE

City

FL

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) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSD
 PATTERSON, ALEXANDER G
 P.O. BOX 10156
 COCOA FL 32927** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VTD
 KODGER, LESE A
 P.O. BOX 10156
 COCOA FL 32927** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 GOOCH, LAWRENCE L
 P.O. BOX 10156
 COCOA FL 32927** ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)