

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000029129

1. Entity Name

HI-TECH SOLUTIONS OF PENSACOLA, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90168 002 ***150.00

Principal Place of Business

Mailing Address

3832 N. DAVIS HWY
PENSACOLA FL 32503
US

P. O. BOX 9755
PENSACOLA FL 32513-9755
US

2. Principal Place of Business

See Above

3. Mailing Address

See Above

City & State

City & State

4. FEI Number 59-3193839

Applied For
Not Applicable

Zip

Country

Zip

Country

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

JONES, CAROL N
7640 LEHUNE DRIVE
PENSACOLA FL 32514

Name: Jack L. Jones
Street Address (P.O. Box Number is Not Acceptable): 7640 LeJeune Dr
City: Pensacola FL Zip Code: 32514

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: Jack L. Jones, President DATE: 4-27-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	JONES, CAROL N	
STREET ADDRESS	7640 LEJEUNE DR	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, JACK L.	
STREET ADDRESS	7640 LEJEUNE DR	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Jones, Jack L - President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7640 LeJeune Dr	
STREET ADDRESS	Pensacola, FL 32514	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jack L. Jones, President DATE: 4-27-2000 DAYTIME PHONE #: 850-474-3248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 1/999