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

## **DOCUMENT #**

P95000089594



**FILED** Jan 24, 2003 8:00 am Secretary of State

JUST-IN-TIME MANUFACTURING CORPORATION				01-24-2003 9004/ 031 ****150.00		
Principal Place of Business  2214 SARNO RD  MELBOURNE FL 32935  US  Mailing Address  3680 EAGLE WAY  MELBOURNE FL 32934  MELBOURNE FL 32934  3. Mailing Address  3.135 SHUUMU CICK  Suite, Apt. #, etc.  Suite, Apt. #, etc.		y circle				
		Suite, Apt. #, etc.	,	CHECK HERE IF MAKING	CHANGES	
City & Stat	WM FL.	City & State	FL	4. FEI Number 59-3350652	Applied For Not Applica	ble
329	34 Country (ST)	334 (	Untry (SA	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
ķ	6. Name and Address of Current Ro	egistered Agent		7. Name and Address of New Registered A	\gent	
0040011	O DATRICIA E		Name			
SCARDINO, PATRICIA F 3680 EAGLE WAY		Street Address (P.O. Box Number is Not Acceptable)				
MELBOUR	RNE FL 32934					
			City	FL	Zip Code	
		he purpose of changing its registe	ered office or register	red agent, or both, in the State of Florida. I am f	amiliar with, and acce	pt
the obligat	tions of registered agent.					
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registe	ered Agent signature required	d when reinstating) DATE		
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Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of S	State		9. Election Campaign Financing , Trust Fund Contribution.	\$5.00 May Be Added to Fees	•
10.	OFFICERS AND D		•	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	_
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

Addition