

DOCUMENT # P96000004884

1. Entity Name

JAPANESE-ENGLISH TRANSLATION SERVICES, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-19-2000 90242 020 ***150.00

Principal Place of Business

31956 US 18 N
 PALM HARBOR FL 34684
 US

Mailing Address

PO BOX 854
 PALM HARBOR FL 34682-0854
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3362370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BROWN, R S
 101 EAST KENNEDY BLVD.,
 SUITE 3700, BARNETT PLAZA
 TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

KAZUKO FICARA

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

1520 GULF BLVD P.H. 1

CLEARWATER

City

FL

Zip Code

33267

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

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

Kazuko Ficara
 (NOTE: Registered Agent signature required when reinstating)

1/6/2000
 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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	FICARA, KAKO N	
STREET ADDRESS	1520 GULF BLVD P.H. 1	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/00 727-8888

CR2E034 (9/99)