

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90078 002 ***150.00

DOCUMENT # P97000046672

1. Entity Name
JCA ENGINEERING, INC.



Principal Place of Business
**171 HOOD AVENUE
SUITE 25
TAVERNIER FL 33070
US**

Mailing Address
**171 HOOD AVENUE
SUITE 25
TAVERNIER FL 33070
US**

2. Principal Place of Business
89990 OVERSEAS HWY.

3. Mailing Address
89990 OVERSEAS HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
TAVERNIER, FL

City & State
TAVERNIER, FL

4. FEI Number **65-0756357**

Applied For
Not Applicable

Zip
33070

Country
US

Zip
33070

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALTHOFF, JOHN C
171 HOOD AVENUE
SUITE 25
TAVERNIER FL 33070**

7. Name and Address of New Registered Agent

Name

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

89990 OVERSEAS HIGHWAY

City **TAVERNIER**

FL

Zip Code
33070

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **John C. Althoff Pres. 4 MAR 03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ALTHOFF, JOHN C	
STREET ADDRESS	133 STROMBOLI DR	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALTHOFF, JOYCE F	
STREET ADDRESS	133 STROMBOLI DR	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	64 JEAN LA FITE DRIVE
CITY-ST-ZIP	KEY LARGO FL 33037
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	64 JEAN LA FITE DRIVE
CITY-ST-ZIP	KEY LARGO FL 33037
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	

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 employed.

SIGNATURE: **John C. Althoff Pres. 4 MAR 03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

205-000-7401

CR2E034 (10/02)