

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086197

1. Entity Name

CILOA TECHNICAL SERVICES CORPORATION

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90099 037 ***150.00

Principal Place of Business

Mailing Address

638 TALWOOD CIRCLE
 APT. C
 BRANDON FL 33510

638 TALWOOD CIRCLE
 APT. C
 BRANDON FL 33510-3618



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3475781**

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

JINKERSON, JOHN
638 TALWOOD CIRCLE
APT. C
BRANDON FL 33510

Name

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

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, 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 **DPT** Delete
 NAME **JINKERSON, JOHN**
 STREET ADDRESS **638 TALWOOD CIRCLE APT C**
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE **Pres, Vice Pres, Secretary, Treas** Change Addition
 NAME **John Jinkerson**
 STREET ADDRESS **638 Talwood Cir, Apt C**
 CITY-ST-ZIP **Brandon, FL 33510**

TITLE **DVS** Delete
 NAME **JINKERSON, GLENDA**
 STREET ADDRESS **1204 TIRGER WOOD CT.**
 CITY-ST-ZIP **VALRICO FL 33594**

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

TITLE **D** Delete
 NAME **MEEKS, MITCHELL**
 STREET ADDRESS **5701 MARINER ST., STE. 201**
 CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change 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: *John Jinkerson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/00
 Date

813-340-8189
 Daytime Phone #