

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90171 029 \*\*\*150.00

DOCUMENT # **P97000089695**

1. Entity Name **JCA PREVENTIVE MAINTENANCE INC.**

Principal Place of Business  
**11408 KENLEY CIRCLE**  
**ORLANDO FL 32824**

Mailing Address  
**11408 KENLEY CIRCLE**  
**ORLANDO FL 32824**



2. Principal Place of Business  
**2357 Depp John Ln**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 452262**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Kissimmee FL**

City & State  
**Kissimmee FL**

4. FEI Number **59-3481412**

Applied For  
 Not Applicable

Zip  
**34744**

Country  
**U.S.**

Zip  
**34745-2262**

Country  
**U.S.**

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

**ARZOLA, JOSE C**  
**11408 KENLEY CIRCLE**  
**ORLANDO FL 32824**

Name **Arzola Jose C**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2357 Depp John Ln**  
 City **Kissimmee** **FL** Zip Code **34744**

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: **2-5-02**

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, 2002 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**

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

FILE NAME ARZOLA, JOSE C STREET ADDRESS 11408 KENLEY CIRCLE CITY-ST-ZIP ORLANDO FL 32824	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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FILE NAME 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED**  
**Arzola Jose C**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-5-02**  
 Date

**407-847-2300**  
 Daytime Phone #

CR2E034 (9/01)