

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019433

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

04-18-2000 90260 034 ***150.00

1. Entity Name
3-J'S MACHINE, INC.

Principal Place of Business

Mailing Address

**8840-C GRISSOM PKWY
 TITUSVILLE FL 32780
 US**

**8840-C GRISSOM PKWY
 TITUSVILLE FL 32780-7903
 US**



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 **59-3497281**

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

**FITZGERALD, JOHN E
 6050-B GRISSOM PARKWAY
 TITUSVILLE FL 32780**

Name **Fitzgerald, John E.**
 Street Address (P.O. Box Number is Not Acceptable) **8840-C Grissom Parkway**
 City **Titusville** FL Zip Code **32780**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4-12-2000**

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	D	<input type="checkbox"/> Delete
NAME	FITZGERALD, JOHN E	
STREET ADDRESS	3500 PALMER DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 all other like empowerment.

SIGNATURE: **John E. Fitzgerald**

Date **4/12/2000** Daytime Phone # **321-269-2402**

CR2E034 (9/99)