

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013172

1. Entity Name

TECH RESOURCES OF JAX, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90081 019 ***150.00

Principal Place of Business

Mailing Address

1444 TANGLEWOOD ROAD
 JACKSONVILLE BEACH FL 32250

1444 TANGLEWOOD ROAD
 JACKSONVILLE BEACH FL 32250-2977

2. Principal Place of Business

1537 A Penman Rd

3. Mailing Address

1537 A PENMAN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JAX BCH, FL

City & State

JAX BCH, FL, 32250

Zip

Country

32250

USA

Zip

Country

32250

USA

4. FEI Number

59-3560939

Applied For

Not Applicable

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

PRESSER, EDWIN
 4417 BEACH BLVD., SUITE 310
 JACKSONVILLE FL 32207

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PRESIDENT
 William A. Coney
 1444 Tanglewood Rd
 JAX BCH, FL. 32250 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 V.P.
 EDWARD G. Lehmann
 17 COBIA ST
 Ponte Vedra, FL. 32082 ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00 904-636-6680

CR2E034 (9/99)