

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013172

1. Entity Name  
TECH RESOURCES OF JAX., INC.

Principal Place of Business Mailing Address  
1537 Penman Road 8853 San Jose Boulevard  
Jacksonville, FL 32250 Jacksonville, FL 32217

2. Principal Place of Business 3. Mailing Address  
1537 Penman Road 8853 San Jose Boulevard

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Jacksonville, Florida Jacksonville, Florida

Zip Country Zip Country  
32250 Duval 32217 Duval

4. FEI Number Applied For  
59-3560939 Not Applicable

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

## 6. Name and Address of Current Registered Agent

Presser, Edwin  
4417 Beach Boulevard  
Suite 310  
Jacksonville, FL 32207

## 7. Name and Address of New Registered Agent

Name  
Presser, Edwin  
Street Address (P.O. Box Number is Not Acceptable)  
8853 San Jose Boulevard  
City Jacksonville FL Zip Code 32217

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 Edward G. Lehmann 4-27-01  
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, 2001 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

TITLE PT ☒ Delete  
NAME William A. Culver  
STREET ADDRESS 1537 Penman Road  
CITY-ST-ZIP Jacksonville, FL 32250

TITLE VPS ☐ Delete  
NAME Edward G. Lehmann  
STREET ADDRESS 1537 Penman Road  
CITY-ST-ZIP Jacksonville, FL 32250

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME William A. Culver Deceased  
STREET ADDRESS 1537 Penman Road  
CITY-ST-ZIP Jacksonville, FL 32250

TITLE ☒ Change ☐ Addition  
NAME Edward G. Lehmann  
STREET ADDRESS 1537 Penman Road  
CITY-ST-ZIP Jacksonville, FL 32250

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

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

TITLE ☐ Change ☐ Addition  
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: Edward G. Lehmann 4-27-01 904 242-9370  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90034 013 \*\*\*150.00

658588

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)