

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91079 018 ***150.00

DOCUMENT # P99000013172

1. Entity Name
TECH RESOURCES OF JAX, INC.



Principal Place of Business
1537 PENMAN RD
JACKSONVILLE BEACH, FL 32250

Mailing Address
8853 SAN JOSE BLVD.
JACKSONVILLE, FL 32217

2. Principal Place of Business
1535B PENMAN Rd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Jacksonville Beach-FL
Zip **32250** Country **U.S.A**

City & State
Zip Country

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
PRESSER, EDWIN
8853 SAN JOSE BLVD.
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Edward M. Lehmann** **3/13/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPS	<input checked="" type="checkbox"/> Delete
NAME LEHMANN, EDWARD G	
STREET ADDRESS 1537 PENMAN ROAD	
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Lehmann, Edward G.	
STREET ADDRESS 1535B PENMAN Road	
CITY-ST-ZIP Jacksonville Beach, FL 32250	
TITLE V S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Lehmann, Theodore L.	
STREET ADDRESS 1535B PENMAN Road	
CITY-ST-ZIP Jacksonville Beach, FL 32250	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Edward M. Lehmann** **3/13/03** **904-242-9370**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/02)