2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000014259** Apr 05, 2000 8:00 am **Secretary of State** J-MACH ENTERPRISES, INC. 04-05-2000 90052 014 ***150.00 Principal Place of Business Mailing Address 701 WEST WOODWARD AVENUE 701 WEST WOODWARD AVENUE EUSTIS FL 32726-4509 EUSTIS FL 32726 3. Mailing Address 2. Principal Place of Business 1/30 S. BAY STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59 - 355 7198 City & State City & State Applied For EUSTIS Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 726 LAKE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACHAMER, JAMES E Street Address (P.O. Box Number is Not Acceptable) 701 WEST WOODWARD AVENUE EUSTIS FL 32726 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 ONE or 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so: Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition CR2E034 (9/99 DRESIDEUT De'ete TITLE TITLE MACHAMER, JAMES E NAME NAME STREET ADDRESS 701 WEST WOODWARD AVENUE STREET ADDRESS CITY-ST-ZIP EUSTIS FL 32726 CITY-ST-ZIP DIRECTOR Addition Change TITLE MACHIMEN , JENRY L 701 WEST WOODWARD AVENUE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DIRECTOR ERNEST J. Delete MACHIMER I WOODWARD NENUE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32726 CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS 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

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Daytime Phone #

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

changed, or on an attachment with the address, with all other like empowered.