2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P99000029684 DOCUMENT

1. Entity Name



Apr 11, 2003 8:00 am Secretary of State

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JTE MACHINE SERVICES, INC. Mailing Address Principal Place of Business 80 INDUSTRIAL LOOP N. 80 INDUSTRIAL LOOP N. BLGD, 5 RLGD 5 ORANGE PARK FL 32073 **ORANGE PARK FL 32073** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3566991 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent **EVLING, TRACI** Street Address (P.O. Box Number is Not Acceptable) 80 INDUSTRIAL LOOP N. BLDG. 5 **ORANGE PARK FL 32073** City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME INGARDIA, THOMAS S NAME 3735 VENTURA PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME **EVLING, TRACI** NAME STREET ADDRESS 80 INDUSTRIAL LOOP N. - BLDG.#5 STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP T(T) F Delete TITLE →

Change ☐ Addition D NAME NAME EVLING, JENS STREET ADDRESS STREET ADDRESS 80 INDUSTRIAL LOOP N. - BLDG. #5 CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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 attact all other like empowered

SIGNATURE: