

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000080679**

1. Entity Name

J & E REPAIR SERVICE, INC.

Principal Place of Business

Mailing Address

**710 MANDERINE ST
MERRITT ISLAND FL 32953****PO BOX 540763
MERRITT ISLAND FL 32954**

2. Principal Place of Business

785 Lakewood Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Merritt Island, FL

City & State

4. FEI Number

59-3597964

Applied For

Not Applicable

Zip
32952Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

**CHILDERS, BONNIE
840 BREVARD AVE
ROCKLEDGE FL 32955**

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.

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, 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 **P** ☐ Delete
NAME **WILLIAMS, JOYCE A**
STREET ADDRESS **710 MANDERINE ST**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**TITLE **ST** ☐ Delete
NAME **RODGERS, REBECCA W**
STREET ADDRESS **424 RICHVIEW PARK CR W**
CITY-ST-ZIP **TALLAHASSEE FL 32304**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Williams, Joyce A.**
STREET ADDRESS **785 Lakewood Circle**
CITY-ST-ZIP **Merritt Island, FL 32952**TITLE **ST** ☒ Change ☐ Addition
NAME **Rodgers, Rebecca W.**
STREET ADDRESS **1501 Kolopak Nene**
CITY-ST-ZIP **Tallahassee, FL 32304**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Joyce A. Williams Pres. (Joyce A. Williams)

Date

Daytime Phone #

01-08-2001 984-5314

CFR2E034 (10/00)

0486562

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90085 008 ***150.00



DO NOT WRITE IN THIS SPACE