

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V63728

1. Entity Name

JP ANALYTICS, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90119 011 \*\*\*150.00

Principal Place of Business

Mailing Address

8745 NW 18TH STREET  
CORAL SPRINGS FL 33071

8745 NW 18TH STREET  
CORAL SPRINGS FL 60193-4665

2. Principal Place of Business

3. Mailing Address

1416 Lincoln Street  
Suite, Apt. #, etc.

1416 Lincoln Street  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Schaumburg, IL

City & State

Schaumburg, IL

4. FEI Number

65-0358053

Applied For

Not Applicable

Zip

Country

60193

US

Zip

Country

60193

US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PREUSSNER, JOHN R.  
8745 NW 18 STREET  
CORAL SPRINGS FL 33071

Name

Jon Preussner

Street Address (P.O. Box Number is Not Acceptable)

3900 SW 27th St.  
B101C

City

Gainesville

FL

Zip Code

32608

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 Jon Preussner Jon Preussner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-30-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	PREUSSNER, JOHN RICHARD	
STREET ADDRESS	8745 N.W. 18TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PREUSSNER, LINDA JEAN	
STREET ADDRESS	8745 N.W. 18TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1416 Lincoln Street	
CITY-ST-ZIP	Schaumburg, IL 60193	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1416 Lincoln Street	
CITY-ST-ZIP	Schaumburg, IL 60193	
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		

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:

John R. Preussner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-2000 630-529-0704  
Date Daytime Phone #

CR2E034 (9/99)