2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2002 8:00 am § Secretary of State DOCUMENT# 322054 1. Entity Name JAX HEIGHTS ELECTRICAL CONTRACTING COMPANY, INC. 05-03-2002 90168 003 ***150.00 Principal Place of Business Mailing Address 8941 NOROAD RD 8941 NOROAD RD JACKSONVILLE FL 32210 8941 NOROAD ROAD JACKSONVILLE FL 32210 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1174681 Zip Not Applicable Country Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WINGATE, BETTY J. Street Address (P.O. Box Number is Not Acceptable) 8941 NOROAD ROAD JACKSONVILLE FL 32210 City 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 This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE WINGATE, BETTY J. NAME Change ☐ Addition NAME STREET ADDRESS 8941 NOROAD ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE ☐ Delete TITLE DAYTON, STEVEN W. ☐ Change Addition NAME STREET ADDRESS 2004-6 DUNFORD TERRACE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Delete ____ TITLE MCGEE, CINDY M. ☐ Change Addition NAME STREET ADDRESS 9237 - 6TH AVENUE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL. CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME □ Change

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

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

4-18-2002464-771-6910

☐ Addition

(9/01)