

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 379142

1. Entity Name

J.B. JINKS CONSTRUCTION CO., INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90008 028 ***550.00

Principal Place of Business

1617 FLORIDA AVE
 PANAMA CITY FL 32405
 US

Mailing Address

1617 FLORIDA AVE
 PANAMA CITY FL 32405
 US

2. Principal Place of Business

23123 S. State Rd 7

Suite, Apt. #, etc.

301

City & State

Boca Raton, FL

Zip

33428

Country

LIS

3. Mailing Address

23123 S. State Rd 7

Suite, Apt. #, etc.

301

City & State

Boca Raton, FL

Zip

33428

Country

LIS



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1321119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JINKS, J B
 100 CHERRY STREET
 PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

James N. Gordon

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

23123 S. State Rd 7, #301

City

Boca Raton

FL

Zip Code

33428

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 James N. Gordon, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/5/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD JINKS, J B 1617 FLORIDA AVE PANAMA CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JINKS, JOHN BERT JR 1617 FLORIDA AVE PANAMA CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	James N. Gordon, PD 23123 S. State Rd 7, #301 Boca Raton, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vernon G. Schaller, VPD 23123 S. State Rd 7, #301 Boca Raton, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E. Stanley Koenke, Director 1001 Cherry Street, #308 Columbia, MO 65201	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley Koenke, Director 9/5/00

Date

573-449-8323

Daytime Phone #

CP 11-014 (5/00)