

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90034 040 \*\*\*150.00

**DOCUMENT # 587250**

1. Entity Name  
**JACK'S CONSTRUCTION, INC.**

Principal Place of Business <b>17 RAINTREE DRIVE          PORT ORANGE FL 32127          US</b>	Mailing Address <b>17 RAINTREE DRIVE          PORT ORANGE FL 32127-9520          US</b>
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2. Principal Place of Business <b>6218 Ranier Circle</b>	3. Mailing Address <b>6218 Ranier Circle</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>Port Orange FL</b>	City & State <b>Port Orange FL</b>
Zip <b>32127 9520</b>	Zip <b>32127 9520</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-1859919</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**PARSON, WILLIAMS  
 2001 SOUTH RIDGEWOOD AVENUE  
 SOUTH DAYTONA FL 32119**

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 \_\_\_\_\_ (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, 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	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>HAIGHT, JOHN W</b>	
STREET ADDRESS <b>17 RAINTREE ROAD</b>	
CITY-ST-ZIP <b>PORT ORANGE FL 32127</b>	
TITLE <b>STD</b>	<input type="checkbox"/> Delete
NAME <b>HAIGHT, SHARON LEE</b>	
STREET ADDRESS <b>17 RAINTREE DRIVE</b>	
CITY-ST-ZIP <b>PORT ORANGE FL 32127</b>	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Haight, John W</b>	
STREET ADDRESS <b>6218 Ranier Circle</b>	
CITY-ST-ZIP <b>Port Orange FL 32127-9520</b>	
TITLE <b>STD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Haight Sharon L</b>	
STREET ADDRESS <b>6218 Ranier Circle</b>	
CITY-ST-ZIP <b>Port Orange, FL 32127-9520</b>	
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: **Sharon L Haight** **RECEIVED** **3-8-2000** **904767-0863**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)