

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90486 037 \*\*\*150.00

**DOCUMENT # F36722**

1. Entity Name  
**JK CONSTRUCTION GROUP, INC.**

Principal Place of Business <b>601 N ORLANDO          STE 113          MAITLAND FL 32751          US</b>	Mailing Address <b>P O BOX 948238          MAITLAND FL 32794-8238          US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2096300</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**

**7. Name and Address of New Registered Agent**

**RIESTERER, JOANNE M.  
 601 N ORLANDO AVE  
 STE 113  
 MAITLAND FL 32751**

Name **RIESTERER, KARL F. JR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**601 N. ORLANDO AVE**  
**STE 113**  
 City **MAITLAND** FL Zip Code **32751**

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 **KARL F. RIESTERER, JR.** DATE **4/24/00**

**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 <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RIESTERER, JOANNE M</b>		NAME	
STREET ADDRESS <b>601 N ORLANDO AVE STE 113</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MAITLAND FL 32751</b>		CITY-ST-ZIP	
TITLE <b>ST</b>	<input type="checkbox"/> Delete	TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RIESTERER, KARL F. JR.</b>		NAME <b>RIESTERER, KARL F. JR</b>	
STREET ADDRESS <b>601 N ORLANDO AVE STE 113</b>		STREET ADDRESS <b>601 N ORLANDO AVE STE 113</b>	
CITY-ST-ZIP <b>MAITLAND FL 32751</b>		CITY-ST-ZIP <b>MAITLAND, FL 32751</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>RIESTERER, JOEWEN</b>	
STREET ADDRESS		STREET ADDRESS <b>601 N. ORLANDO AVE STE 113</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>MAITLAND, FL 32751</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **KARL F. RIESTERER** DATE **4/24/00** DAYTIME PHONE # **407-599-3952**

CR2E034 (9/99)