

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90001 009 \*\*\*558.75

**DOCUMENT # P0000084101**

1. Entity Name  
**JAC BUILT CORPORATION**

Principal Place of Business | Mailing Address  
~~14920 HIDDEN OAK CIRCLE~~ | ~~14920 HIDDEN OAK CIRCLE~~  
~~CLEARWATER FL 33764~~ | ~~CLEARWATER FL 33764~~  
**11350 66TH ST. N #106**  
**LARGO, FL 33773**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

4. FEI Number **59-3668441** | Applied For  
 Not Applicable

Zip | Country | Zip | Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**VALENTE, JANET**  
~~14920 HIDDEN OAK CIRCLE~~ | ~~11350 66TH ST. N #106~~  
~~CLEARWATER FL 33764~~ | **LARGO, FL, 33773**

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 **JANET L VALENTE** | *Janet Valente* | **7-30-01**  
Signature, typed or printed name of registered agent and title if applicable (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 \$550.00**  
**After September 12, 2001 Fee 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Delete
NAME	<b>D/SECTY COLONNELL JANET L VALENTE</b>
STREET ADDRESS	<b>14920 HIDDEN OAK CIRCLE</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D/PRESIDENT WILLIAM J. COLONNELL</b>
STREET ADDRESS	<b>14920 HIDDEN OAK CIR</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33764</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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE: *William J. Connell* | **WILLIAM COLONNELL** | **7-30-01** | **727-547-8770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)