

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 353659

1. Entity Name  
NORTH FLORIDA ERECTION COMPANY, INC.

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90052 035 \*\*\*150.00

Principal Place of Business  
1816 BUCKMAN ST.  
P. O. BOX 3832  
JACKSONVILLE FL 32206

Mailing Address  
1816 BUCKMAN ST.  
P. O. BOX 3832  
JACKSONVILLE FL 32206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1282833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORBIN, PETER REED  
121 W. FORSYTH ST., SUITE 1000  
JACKSONVILLE FL 32202

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

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME BURNSED, J L  
STREET ADDRESS RT 1 BOX 4780  
CITY-ST-ZIP GLEN ST MARY FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME COLSON, JOHNNY C  
STREET ADDRESS 204 SAN RAFAEL ST  
CITY-ST-ZIP ST AUGUSTINE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME FRANKLIN, J H  
STREET ADDRESS RT 6 BOX 381-A  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME CRAWFORD, K E  
STREET ADDRESS RT 1 BOX 235  
CITY-ST-ZIP GLEN ST MARY FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment  
DOC # 353659  
19883

**NORTH FLORIDA ERECTION COMPANY**

PH (904) 356-8547  
1824 BUCKMAN ST  
P.O. BOX 3832  
JACKSONVILLE, FL 32206

00066558 2626

63-843/631  
BRANCH 98725

DATE 13 January 2000

THE OF Department of State

\$ 150.00

\*\*\*One hundred fifty dollars and no/more\*\*

DOLLARS

☐ Security Features  
Included  
Delete on back.

**SouthTrust  
Bank**  
Jacksonville, FL 32202

*J. S. Burned*

⑈002626⑈ ⑆063109430⑆ 60 538 945⑈

⑈0000015000⑈

INCLEARINGS WORK  
CLEARINGHOUSE WORK  
⑆40055893⑆ 0417 05000 00 060200

C49

BANK OF AMERICA NA JAX  
⑆0630000474⑆ E0128 90 P19  
06/01/00

6740527417

2347 96897

MAY 19 2000

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT# 1088662796