## ~2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 24, 2002 8:00 am Secretary of State DOCUMENT # 468892 1. Entity Name 01-24-2002 90373 041 \*\*\*158.75 JOYNER CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 4031 NW 97TH BLVD 4031 NW 97TH BLVD GAINESVILLE FL 32606 **GAINESVILLE FL 32606** us 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2130729 Not Applicable Zip Country \$8,75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLIAMS, CHARLES A. JR. Street Address (P.O. Box Number is Not Acceptable) **5800 NW 30TH AVE** SUITE 102 **GAINESVILLE FL 32606** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Change ☐ Addition Delete TITLE TITLE SCHREIBER, GARY A NAME NAME 4031 NW97TH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME Joyner, Millard K NAME STREET ADDRESS STREET ADDRESS 4031 NW 97TH BLVD CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL ☐ Addition Change ☐ Delete TITLE TITLE WAGNER, RICHARD E NAME NAME STREET ADDRESS STREET ADDRESS 4031 NW 97 BLVD CITY-ST-ZIP GAINESVILLE FL 32606 CITY-ST-ZIP Change Addition | ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment v

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURBAND TYPED OF

FILED