

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0603498 AT

DOCUMENT # 644150

1. Entity Name

JESSE REEVES CONSTRUCTION, INC.

04-08-2002 90234 011 ***150.00

Principal Place of Business

**201 REMINGTON DRIVE
DOTHAN AL 36303
US**

Mailing Address

**201 REMINGTON DRIVE
DOTHAN AL 36303
US**

00060940



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2015171

☒ 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

7. Name and Address of New Registered Agent

**NINA J. REEVES
314 BOXER ST
NICEVILLE FL 32578**

Name

Nina J. Kelgore

Street Address (P.O. Box Number is Not Acceptable)

800 Surf Lane

Niceville, Florida

FL

Zip Code

32578-2525

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 *NINA J. Kelgore*

Signature, typed or printed name of registered agent and title if applicable.

x Nina J. Kelgore

(NOTE: Registered Agent signature required when reinstating)

3/29/02

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, 2002 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 **P** ☐ Delete
NAME **REEVES, JESSE D, JR.**
STREET ADDRESS **201 REMINGTON DR**
CITY-ST-ZIP **DOTHAN AL**

TITLE **TS** ☐ Delete
NAME **REEVES, MARIE J**
STREET ADDRESS **201 REMINGTON DR**
CITY-ST-ZIP **DOTHAN AL**

TITLE **VP** ☐ Delete
NAME **REEVES, CALVIN**
STREET ADDRESS **201 REMINGTON DR**
CITY-ST-ZIP **DOTHAN AL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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NAME
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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, with all other like empowered.

SIGNATURE:

Jesse D. Reeves PRES.

3/29/02

Date

334-677-4931

Daytime Phone #

CR2E034 (9/01)