2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 08:00 AM
Secretary of State

DOCUMENT # **F00000001226**

1. Entity Name
J & S CONTRACT OF VIRGINIA, INC.

Principal Place of Business	Mailing Address
9105 OTTER PASS	9105 OTTER PASS
TAMPA FL	TAMPA FL
33626	33626

2. Principal Place of Business	3. Mailing Address
11643 GROVE STREET	11643 GROVE STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEMINOLE FL	City & State: SEMINOLE FL
Zip: 33772 / Country:	Zip: 33772 / Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **54-1583008** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORRIS ROBERT E
5020 WEST CYPRESS STREET, SUITE 200
TAMPA FL
33607 US

7. Name and Address of New Registered Agent

Name
WAGNER SHARI A
Street Address (P.O. Box Number is Not Acceptable)
11643 GROVE STREET
City
SEMINOLE FL
Zip Code
33772

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 SHARI A. WAGNER — 03/06/2001
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 $150.00
After MAY 1, 2001 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

TITLE	STD	☐ Delete
NAME	WAGNER JOHN	
STREET ADDRESS	9105 OTTER PASS	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	PCD	☐ Delete
NAME	WAGNER SHARI	
STREET ADDRESS	9105 OTTER PASS	
CITY-ST-ZIP	TAMPA FL 33626	
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		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	☒ Change ☐ Addition
NAME	WAGNER JOHN	
STREET ADDRESS	11643 GROVE STREET	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	PCD	☒ Change ☐ Addition
NAME	WAGNER SHARI	
STREET ADDRESS	11643 GROVE STREET	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE		☐ Change ☐ Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

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: SHARI A. WAGNER DIR 03/06/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #