

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

0459409

DOCUMENT # F72755

1. Entity Name

MONROE CONSTRUCTION OF JAX, INC.

04-23-2001 90053 043 ***150.00

| | |
|---|---|
| Principal Place of Business % ARCHIE E. MONROE, JR. 10292 TRIPLE CROWN AVE JACKSONVILLE FL 32257 | Mailing Address % ARCHIE E. MONROE, JR. 10292 TRIPLE CROWN AVE JACKSONVILLE FL 32257 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 5513 OLIVER CREEK DR | 3. Mailing Address 5513 OLIVER CREEK DR |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---|---|------------------------------------|--|
| City & State JACKSONVILLE, FL | City & State JACKSONVILLE, FL | 4. FEI Number 59-2170530 | Applied For <input type="checkbox"/> Not Applicable |
|---|---|------------------------------------|--|

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|---------------------|---------|---------------------|---------|---|
| Zip 32258 | Country | Zip 32258 | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|---------------------|---------|---------------------|---------|---|

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| 6. Name and Address of Current Registered Agent MONROE, ARCHIE E., JR. 10292 TRIPLE CROWN AVE JACKSONVILLE FL 32257 | 7. Name and Address of New Registered Agent Name MONROE, ARCHIE E., JR. Street Address (P.O. Box Number is Not Acceptable) 5513 OLIVER CREEK DR City JACKSONVILLE, FL Zip Code 32258 |
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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)

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) N/A | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MONROE, ARCHIE E JR 10292 TRIPLE CROWN AVE JACKSONVILLE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MONROE, ARCHIE E. JR 5513 OLIVER CREEK DR JACKSONVILLE, FL, 32258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MONROE, SHIRLEY L 10292 TRIPLE CROWN AVE JACKSONVILLE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MONROE, SHIRLEY L. 5513 OLIVER CREEK DR. JACKSONVILLE, FL, 32258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Archie E Monroe **4-9-01** **904-262-2181**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)