2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F78003

1. Entity Name

J. WALTER CONSTRUCTION COMPANY, INC.



FILED Mar 13, 2003 8:00 am Secretary of State

03-13-2003 90258 001 ***476.25

01	State	,

<u> </u>						NO WE THE	J					
Principal Place of Business 3243 RIVER ROAD GREEN COVE SPGS FL 32043			324	Mailing Address 3243 RIVER ROAD GREEN COVE SPGS FL 32043				1 (12) (10) (11) (10) (10) (10) (10) (10)	80 inic 8 18) Blåll Blæll Bla	k Bibli Gibti andı	
2. Principa	Principal Place of Business Suite, Apt. #, etc. City & State			3. Mailing Address Suite, Apt. #, etc. City & State			_					
Suite, Ap							CHECK HERE IF MAKING CHANGES					
City & St							4.55(1)			Applied For		
Zip		Country	Zir		Cou	ntry	5. Ce	ertificate of Status Desired		\$8.75 A	Not Applicable	
	6. Name an	d Address of Cur	rent Register	red Agent		 				Fee Requi	ired	
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F & L C(ORP.										· .	
200 LAUI	RA STREET					Street Addres	s (P.O. Box	Number is Not Acceptable)			
	NVILLE FL 3220	2				 						
0/10/1001	1441CC C 9220	۷										
				•		City			F	Zip Co	ode	
8. The abov	e named entity su	bmits this stateme	nt for the purp	oose of changing it	ts register	L	tered agon	t, or both, in the State of Flor	., ,	<u> </u>		
the obliga	ations of registere	d agent.	, ,		g/200.	od omoc or regis	icieu ayen	i, or both, in the State of Flor	nda. Lan	n tamiliar with	n, and accept	
SIGNATURE	:											
0.0.0.0.12	Signature, typed or pr	nted name of registered a	gent and title if ap	plicable. (NO	TE: Registere	d Agent signature requi	ired when reinst	ating)	DATE			
	FILE NOW!!! F	FF IS \$150.00		1					UAIE			
Afte	er May 1, 2003 F	ee will be \$550. Orida Departmen	00				İ	Election Campaign Fina Trust Fund Contribution			00 May Be	
	A Layable IO LI						ł	Host / Grid Contribution		L.J Add€	d to Fees	
10.	DOT.	OFFICERS A	ND DIRECTO	ORS	11.		ADDI	TIONS/CHANGES TO OFFIC	ERS AN	D DIRECTOR	RS IN 11	
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STREET ADDRESS CITY-ST-ZIP TITLE IAME				□ Delete	STREET CITY-S TITLE NAME	ADDRESS				☐ Change	☐ Addition	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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