

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90613 021 \*\*\*150.00

0367285 AV

**DOCUMENT # G58017**

1. Entity Name  
**JESTAN CONSTRUCTION CORPORATION**



Principal Place of Business  
**2800 WESTON ROAD STEPHENSIEGEL  
SUITE 201 37 LAYLA DR  
WESTON FL 33331 CEDAR GROVE NJ 07009**

Mailing Address  
**2800 WESTON ROAD  
SUITE 201  
WESTON FL 33331**

**60020580**



2. Principal Place of Business  
**37 LAYLA DR**

Suite, Apt. #, etc.  
**6**

3. Mailing Address  
**37 LAYLA DR**

Suite, Apt. #, etc.  
**6**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**CEDAR GROVE NJ**

City & State  
**CEDAR GROVE N.J.**

Zip  
**07009**

Country  
**USA**

Zip  
**07009**

Country  
**USA**

4. FEI Number **59-2357484**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SIEGEL, ANDREW L.**  
**2800 WESTON ROAD**  
**SUITE 201**  
**WESTON FL 33331**

7. Name and Address of New Registered Agent

Name  
**STEPHEN SIEGEL**

Street Address (P.O. Box Number is Not Acceptable)  
**1866 LAYLA DR**

City  
**CEAR SPRINGS**

FL Zip Code  
**33076**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT SIEGEL, STEPHEN 2800 WESTON ROAD, STE 201 WESTON FL 33331</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT STEPHEN SIEGEL 37 LAYLA DR CEDAR GROVE NJ 07009</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 REQUIRED**

973 8572729

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)