

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**  
 04-16-2002 90042 045 \*\*\*158.75

UBR-0001 A1

**DOCUMENT # G92571**

**1. Entity Name**  
**CONSTRUCTION JUNCTION, INCORPORATED**

**Principal Place of Business**  
 HC4 BOX 963  
 OLD TOWN FL 32680  
 US

**Mailing Address**  
 HC4 BOX 963  
 OLD TOWN FL 32680  
 US



**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 P.O. Box 607

DO NOT WRITE IN THIS SPACE

**City & State**  
 Old Town FL

**4. FEI Number**  
 59-2391600

**Applied For**  
☐ Not Applicable

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

**Zip**  
 32680

**Country**  
 US

**6. Name and Address of Current Registered Agent**  
 DEVORE, GENE S.  
 2161 PALM BEACH LAKES BLVD.  
 SUITE 301  
 WEST PALM BEACH FL 33409

**7. Name and Address of New Registered Agent**  
 Name: Kim MacLeod  
 Street Address (P.O. Box Number is Not Acceptable): H.C. 4 Box 963  
 City: Old Town FL Zip Code: 32680

**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: *Kim MacLeod* DATE: 4/8/02  
 (NOTE: Registered Agent signature required when reinstating)

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACLEOD, KIM		NAME		
STREET ADDRESS	PO BOX 607		STREET ADDRESS		
CITY-ST-ZIP	OLD TOWN FL 32680		CITY-ST-ZIP		
TITLE	V.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACLEOD, DONALD		NAME		
STREET ADDRESS	PO BOX 607		STREET ADDRESS		
CITY-ST-ZIP	OLD TOWN FL 32680		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** *Kim MacLeod* DATE: 4/8/02 352-572-8571  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)