**2000 UNIFORM BUSINESS REPORT (UBR)** FILED Feb 05, 2000 8:00 am Secretary of State DOCUMENT # **H36520** 1. Entity Name FOUR JAY'S CONSTRUCTION, INC. 02-05-2000 90005 020 \*\*\*150.00 Principal Place of Business Mailing Address 1173 OLD DIXIE HWY. 1173 OLD DIXIE HWY. LAKE PARK FL 33403 LAKE PARK FL 33403-2311 80013331 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2491410 Not Admili Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETREIKIS, JOHN A. JR. Street Address (P.O. Box Number is Not Acceptable) 16785 VALENCIA BLVD. LOXAHATCHEE FL 33470 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be-Tax filing-requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Delete TITLE Addition TITLE PETREIKIS, JOHN A., JR. NAME NAME STREET ADDRESS 16785 VALENCIA BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Loxahatchee Fl ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME THE PLANE STREET ADDRESS 11 may - 5 mg STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 400 JOST N. W. ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP and the second state of the second state of the second se ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 truspee 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: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR