

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90003 014 ***558.75

DOCUMENT # H38251

1. Entity Name

JR BULLDOZING, INC.

Principal Place of Business

Mailing Address

~~0000 BON AVENUE BLVD~~
 WESTON FL 33326
 US

2649 SCOTT ST 5330 County Road
 HOLLYWOOD FL 33020 CLERMONT, FL 34711
 US

A0073587

2. Principal Place of Business

5330 County Road 561

3. Mailing Address

5330 County Rd 561

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT, FL

City & State

CLERMONT, FL

4. FEI Number

59-2480034

Applied For

Not Applicable

Zip

Country

34711 LAKE

Zip

Country

34711 LAKE

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSO, LINDA

2649 SCOTT ST

HOLLYWOOD FL 33020

Name

Street Address (P.O. Box Number is Not Acceptable)

5330 County Road 561

City CLERMONT

FL

Zip Code

34711

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME RUSSO, JACOB
 STREET ADDRESS 5330 County Road 561
 CITY-ST-ZIP 2649 SCOTT ST CLERMONT, FL 34711
 HOLLYWOOD FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD ☐ Delete
 NAME RUSSO, LINDA
 STREET ADDRESS 5330 County Road 561
 CITY-ST-ZIP 2649 SCOTT ST CLERMONT, FL 34711
 HOLLYWOOD FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP ☐ Delete
 NAME ROBERT V. RUSSO
 STREET ADDRESS 2154 WHITE EAGLE STREET
 CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SECRETARY ASST ☐ Delete
 NAME Michael Russo
 STREET ADDRESS 3170 Whopping Crane Run
 CITY-ST-ZIP Kissimmee, FL 34741

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Treasurer, ASST ☐ Delete
 NAME JAKE RUSSO
 STREET ADDRESS 5330 County Road 561
 CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-01

352-243-9290

Date

Daytime Phone #

CR2E034 (10/00)