

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90035 031 ***158.75

DOCUMENT # H38251

1. Entity Name
JR BULLDOZING, INC.

Principal Place of Business

**5330 COUNTY ROAD 561
 CLERMONT FL 34711
 US**

Mailing Address

**5330 COUNTY ROAD 561
 CLERMONT FL 34711
 US**

2. Principal Place of Business

5330 County Rd 561

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT FL

City & State

4. FEI Number

59-2480034

Applied For

Not Applicable

Zip

Country

Zip

Country

34711 FL

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

**5330 COUNTY ROAD 561
 CLERMONT FL 34711**

Name

No change

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

City

FL

Zip Code

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, 2002 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 | <input type="checkbox"/> Delete |
| NAME | RUSSO, JACOB | |
| STREET ADDRESS | 5330 COUNTY ROAD 561 | |
| CITY-ST-ZIP | CLERMONT FL 34711 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | RUSSO, LINDA | |
| STREET ADDRESS | 5330 COUNTY ROAD 561 | |
| CITY-ST-ZIP | CLERMONT FL 34711 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | RUSSO, ROBERT V | |
| STREET ADDRESS | 2154 WHITE EAGLE ST | |
| CITY-ST-ZIP | CLERMONT FL 34711 | |
| TITLE | ASD | <input checked="" type="checkbox"/> Delete |
| NAME | RUSSO, MICHAEL | |
| STREET ADDRESS | 3170 WHOOPING CRANE BLVD | |
| CITY-ST-ZIP | KISSIMMEE FL 34741 | |
| TITLE | ATD | <input checked="" type="checkbox"/> Delete |
| NAME | RUSSO, JAKE | |
| STREET ADDRESS | 5330 COUNTY ROAD 561 | |
| CITY-ST-ZIP | CLERMONT FL 34711 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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

2/25/02

Date

952-243-9290

Daytime Phone #

CR2E034 (9/01)