

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H53179**

1. Entity Name

J W R CONSTRUCTION SERVICES, INC.

Principal Place of Business

Mailing Address

**1311 NEWPORT CENTER DRIVE WEST
DEERFIELD BEACH FL 33442-7734
US****1311 NEWPORT CENTER DRIVE WEST
DEERFIELD BEACH FL 33442-7734
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2526115**

Applied For

Not Applicable

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

**GALLO, WILLIAM J.
1311 NEWPORT CENTER DRIVE WEST
DEERFIELD BEACH FL 33442**

Name

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, 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	<input type="checkbox"/> Delete
NAME	DUBOIS, JERRY	
STREET ADDRESS	915 SE 11TH STREET	
CITY-ST-ZIP	DEERFIELD BCH FL	

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

TITLE	TS	<input type="checkbox"/> Delete
NAME	SCHMER, CAROL D.	
STREET ADDRESS	14051 LANGLEY PL	
CITY-ST-ZIP	DAVIE FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13882 56th Place North	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	

TITLE	EVP	<input type="checkbox"/> Delete
NAME	GALLO, WILLIAM J.	
STREET ADDRESS	4010 NE 40TH AVE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	

TITLE	EVP/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4010 N.E. 30th Avenue	
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	FRANKLIN, KRISTOPHER J.	
STREET ADDRESS	1013 GUAVA ISLE	
CITY-ST-ZIP	FORT LAUDERDALE FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5166 Canal Drive	
CITY-ST-ZIP	Lake Worth, FL 33463	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-01

954-480-2800

CR2E034 (10/00)

0511794

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90488 040 ***150.00



DO NOT WRITE IN THIS SPACE