

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 91011 042 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # K26745**

1. Entity Name  
**JAYDEN CONSTRUCTION COMPANY OF FLORIDA, INC.**



Principal Place of Business 337 E INDIANTOWN RD SUITE 8 JUPITER, FL 33477 US	Mailing Address 337 E INDIANTOWN RD SUITE 8 JUPITER, FL 33477 US
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2. Principal Place of Business <i>580 Village Blvd.</i>	3. Mailing Address <i>580 Village Blvd.</i>
Suite, Apt. #, etc. <i>Suite # 300</i>	Suite, Apt. #, etc. <i>Suite # 300</i>

City & State <i>West Palm Beach, FL</i>	City & State <i>West Palm Beach, FL</i>
Zip <i>33409</i>	Country <i>U.S.A.</i>



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0055261</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>DENHOLTZ, STEWART F</b> 337 E INDIAN TOWN RD SUITE 8 JUPITER, FL 33477	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>580 Village Blvd.</i> <i>Suite # 300</i> City <i>West Palm Beach</i> <b>FL</b> Zip Code <i>33409</i>	

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DENHOLTZ, JACK W. <del>337 E INDIANTOWN ROAD, SUITE 8</del> JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>580 Village Blvd. - Suite # 300</i> <i>West Palm Beach, FL 33409</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENHOLTZ, STEWART <del>337 E INDIANTOWN ROAD, SUITE 8</del> JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>580 Village Blvd. - Suite # 300</i> <i>West Palm Beach, FL 33409</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCNAMARA, COLLEEN J <del>337 E INDIANTOWN ROAD, SUITE 8</del> JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>580 Village Blvd. - Suite # 300</i> <i>West Palm Beach, FL 33409</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4/21/03** *584-242-0100*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)