

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

DOCUMENT # **K65695**

1. Entity Name
J.A. SONS CONSTRUCTION INC.



Principal Place of Business
**5002 SW MARKEL ST
PALM CITY FL 34990**

Mailing Address
**5002 SW MARKEL ST
PALM CITY FL 34990**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** Zip **Country**

6. Name and Address of Current Registered Agent

**KLING, RAYMOND J
5002 SW MARKEL ST
PALM CITY FL 34990**

4. FEI Number **65-0117128** **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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

SIGNATURE *Ray J Kling* Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-15-03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

**9. Election Campaign Financing
Trust Fund Contribution.** **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** **Delete**
NAME **SIMS, SR. JAMES B**
STREET ADDRESS **2755 TWIN OAK TRAIL**
CITY-ST-ZIP **FORT PIERCE FL 34945**

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

TITLE **T** **Delete**
NAME **VILARDI, ROBERT JOSEPH**
STREET ADDRESS **1125 PERCIVAL ST**
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE **T** **Change** **Addition**
NAME **KLING, JOHN ALLEN**
STREET ADDRESS **2246 FARMINGDALE RD.**
CITY-ST-ZIP **CLEARMONT FL 34711**

TITLE **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-03

772-370-6878

Date Daytime Phone #