

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-19-2001 90271 040 ***158.75

DOCUMENT # P00000015808

1. Entity Name
J N BUILDING GROUP, INC.

Principal Place of Business

**614 N. DIVISION ST.
 OVIEDO FL 32765**

Mailing Address

**614 N. DIVISION ST.
 OVIEDO FL 32765**

2. Principal Place of Business

125 Cruiser Road So.

Suite, Apt. #, etc.

3. Mailing Address

125 Cruiser Rd So.

Suite, Apt. #, etc.

City & State

North Palm Beach, FL

City & State

North Palm Beach, FL

4. FEI Number

59-3626074

Applied For

Not Applicable

Zip

33408-4503

Country

Palm Beach

Zip

33408-4503

Country

Palm Beach

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOQUE, JOHN D
 614 N. DIVISION ST.
 OVIEDO FL 32765**

-same person misspelled name

7. Name and Address of New Registered Agent

Name **John David Hogue**

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

125 Cruiser Road So.

City

North Palm Beach

FL

Zip Code

33408-4503

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

John D. Hogue

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-14-01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HOQUE, JOHN D	
STREET ADDRESS	614 N. DIVISION ST.	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sabrina D. Hogue	
STREET ADDRESS	125 Cruiser Rd S.	
CITY-ST-ZIP	North Palm Beach, FL 33408-4503	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John D. Hogue	
STREET ADDRESS	125 Cruiser Rd S.	
CITY-ST-ZIP	North Palm Beach, FL 33408-4503	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:

Sabrina D. Hogue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-01

Date

Daytime Phone #

CR2E034 (10/00)