

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 04, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000022479**1. Entity Name
J & S CONTRACT, INC.Principal Place of Business
9105 OTTER PASS
TAMPA FL 33626
Mailing Address
9105 OTTER PASS
TAMPA FL 336262. Principal Place of Business
11643 GROVE STREET3. Mailing Address
11643 GROVE STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SEMINOLE FLCity & State
SEMINOLE FL4. FEI Number
54-1583008Applied For
Not ApplicableZip Country
337725. 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

MORRIS ROBERT E
5020 W CYPRESS ST
SUITE 200
TAMPA FL 33607 USName
WAGNER SHARI A
Street Address (P.O. Box Number is Not Acceptable)
11643 GROVE STREET
City
SEMINOLE FL Zip Code
33772

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 **SHARI WAGNER**

04/04/2001

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 State10. 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 D ☐ Delete
NAME WAGNER JOHN
STREET ADDRESS 9105 OTTER PASS
CITY-ST-ZIP TAMPA FL 33626TITLE D ☒ Change ☐ Addition
NAME WAGNER JOHN
STREET ADDRESS 11643 GROVE STREET
CITY-ST-ZIP SEMINOLE FL 33772TITLE D ☐ Delete
NAME WAGNER SHARI
STREET ADDRESS 9105 OTTER PASS
CITY-ST-ZIP TAMPA FL 33626TITLE D ☒ Change ☐ Addition
NAME WAGNER SHARI
STREET ADDRESS 11643 GROVE STREET
CITY-ST-ZIP SEMINOLE FL 33772TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **Shari Wagner**

O/D

04/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)