

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91152 020 ***158.75

DOCUMENT # P00000040496

1. Entity Name
J B CONSTRUCTION GROUP, INC.

Principal Place of Business
3100 OLD WINTER GARDEN ROAD
APT 1212
OCOE FL 34761

Mailing Address
3100 OLD WINTER GARDEN ROAD
APT 1212
OCOE FL 34761



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9126 QUEEN ELIZABETH CT.
 Suite, Apt. #, etc.

3. Mailing Address
9126 QUEEN ELIZABETH CT.
 Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA
Zip **32818** **Country** **USA**

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ORLANDO, FLORIDA
Zip **32818** **Country** **USA**

4. FEI Number **59-3637035** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

BELLOCH, JOHN J
3100 OLD WINTER GARDEN ROAD
APT 1212
OCOE FL 34761

7. Name and Address of New Registered Agent

Name **BELLOCHI, JOHN J.**
Street Address (P.O. Box Number is Not Acceptable)
9126 QUEEN ELIZABETH CT
City **ORLANDO** **FL** **Zip Code** **32818**

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 **28 APR 02**
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	O BELLOCHI, JOHN J 3100 OLD WINTER GARDEN ROAD, APT 1212 OCOE FL 34761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER BELLOCHI, JOHN J. 9126 QUEEN ELIZABETH CT ORLANDO, FL 32818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 APR 02 **(407) 467-3499**
 Date Daytime Phone #

CR2E034 (9/01)