2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

Principal Place of Business

P00000040496

Mailing Address

1. Entity Name

J B CONSTRUCTION GROUP, INC.



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90119 045 ***150.00

9126 QUEEN ORLANDO FL		т.	9126 QUEEN ELIZABETH CT. ORLANDO FL 32818								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc. City & State			Suite, Apt. #, etc. City & State				☐ CHECK HERE IF MAKING CHANGES				
						4.	4. FEI Number 59-3637035			oplied For ot Applicable	
Zip	Zip Country		Zip	Zip Coun		5.	5. Certificate of Status Desired		8.75 Additional ee Required		1
	6. Name	and Address of Current	Registered Agent			7.	7. Name and Address of New Registered Agent				
	•				Name						1
BELLOCH, JOHN J 9126 QUEEN ELIZABETH CT ORLANDO FL 32818					Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
ONLANDO	7 1 L 32010	•			City			FL	Zip Cod	e	1
	e named entit tions of regist		r the purpose	e of changing its req	gistered office or r	egistered ag	ent, or both, in the State of Florida	. I am fam	iiliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicab	ole. (NOTE: Re	egistered Agent signatur	e required when r	einstating)	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 \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.		OFFICERS AND	DIRECTORS		11.	Α	DDITIONS/CHANGES TO OFFICER	RS AND D	RECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 Bellochi 9126 Que Orlando	en Elizabeth Ct		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	(40,000
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	290
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. . .	and seeking the seeking of the seeki		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			-] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE				☐ Delete	TITLE				7 Change	Addition	1

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

SIGNATURE:

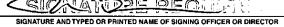
NAME STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP



☐ Delete

21 APRIL 03

407-467-349

☐ Addition

Daytime Phone #