2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91192 047 ***150.00

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DOCUMENT # P00000061425

1. Entity Name
JGA CONSTRUCTION CORPORATION

Principal Place of Business
695 TARPON BAY ROAD, STE 7
SANIBEL ISLAND FL 33957

Mailing Address
POST OFFICE BOX 716
SANIBEL ISLAND FL 33957

2. Principal Place of Business: 2430 Periwinkle Way
Suite, Apt. #, etc.: Suite B
City & State: Sanibel Island, Fl
Zip: 33957 Country:

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1096590 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARMENIA, JOHN
695 TARPON BAY ROAD, STE 7
SANIBEL ISLAND FL 33957

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 2430 Periwinkle Way
Suite B
City: Sanibel Island FL Zip Code: 33957

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE	VP	☒ Delete
NAME	CULCIUNO, ALFRED L	
STREET ADDRESS	15072 BRIAR RIDGE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VSD	☒ Delete
NAME	ARMENIA, LUCY	
STREET ADDRESS	695 TARPON BAY ROAD, STE 7	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	
TITLE	VTD	☒ Delete
NAME	CLINE, KATHLEEN A	
STREET ADDRESS	695 TARPON BAY ROAD, STE 7	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	☐ Change ☒ Addition
NAME	Calciano, Alfred	
STREET ADDRESS	2430 Periwinkle way Suite B	
CITY-ST-ZIP	Sanibel Island Fl 33957	
TITLE	VSD	☐ Change ☒ Addition
NAME	Armenia, Lucy	
STREET ADDRESS	2430 Periwinkle way Suite B	
CITY-ST-ZIP	Sanibel Island, Fl 33957	
TITLE	VTD	☐ Change ☒ Addition
NAME	Cline, Kathleen	
STREET ADDRESS	2430 Periwinkle Way Suite B	
CITY-ST-ZIP	Sanibel Island, Fl 33957	
TITLE	P/D.	☐ Change ☒ Addition
NAME	Armenia, John	
STREET ADDRESS	2430 Periwinkle Way	
CITY-ST-ZIP	Sanibel Island, FL 3395 7	
TITLE		☐ Change ☐ Addition
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: SIGNATURE REQUIRED Lucy Armenia, Secy 04/15/03 239-395-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)