

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90149 048 ***150.00

DOCUMENT # P00000065994

1. Entity Name
JOB SITE CHARTERS, INC.



Principal Place of Business
**17935 US HWY 19
HUDSON FL 34667**

Mailing Address
**17935 US HWY 19
HUDSON FL 34667**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3664201**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HEALY, JUDITH Z
9054 ELDRIDGE ROAD
SPRING HILL FL 34608**

7. Name and Address of New Registered Agent

Name

Judith Z. Healy

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

11843 Yellow Finch Lane

Trinity,

City

Trinity

FL

Zip Code

34655

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 **PD** ☐ Delete
NAME **SCHMITT, DANIEL R**
STREET ADDRESS **17935 US HWY 19**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **STD** ☐ Delete
NAME **HEALY, JUDITH Z**
STREET ADDRESS **9054 ELDRIDGE ROAD**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PD** ☐ Change ☐ Addition
NAME **Schmitt, Daniel R. (previously**
STREET ADDRESS **17935 US HWY 19** **mispelled)**
CITY-ST-ZIP **Hudson, FL 34667**

TITLE **STD** ☐ Change ☐ Addition
NAME **Healy, Judith Z.**
STREET ADDRESS **11843 Yellow Finch Lane**
CITY-ST-ZIP **Trinity, FL 34655**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-868-9531

Date

Daytime Phone #

CR2E034 (10/02)