2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000109844 **DOCUMENT #** 1. Entity Name

P & S CONSTRUCTION OF CLAY COUNTY, INC.

SIGNATURE:



FILED						
Mar 31, 2003 8:00 am						
Secretary of State						
03-31-2003 90190 016 ***150.00						

				′		
Principal Place of Business 6945 SHARRON RD GREEN COVE SPRINGS FL 32043		Mailing Address PO BOX 24668 JACKSONVILLE FL 32241-4668				
2. Principal F	Place of Business	3. Mailing Address	***			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & Stat	e	City & State		4. FEI Number 59-3610862	Applied For Not Applicable	
Zip	Country	Zip	Country	5. 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	
HERNANDEZ, MEREDITH ALLEN 3617 CROWN POINT RD. JACKSONVILLE FL 32257			Street Address	(BO. Bendember is NotAdephyble)	Zip Code	
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, type or printing same of registered agent and till applicable. (NOTE: Registered agent signature required when reinstating) DiffE						
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Flocida Department)	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HIRACHETA, PEGGY PO BOX 24668 JACKSONVILLE FL 32241-4668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HERNANDEZ, MEREDITH ALLE PO BOX 24668 JACKSONVILLE FL 32241-4668	<u>.</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
indicated of the cor	on this report or supplemental report	is true and accurate and that no powered to execute this report	ny signature shall have the as required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further or e same legal effect as if made under oattr, that 07, Florida Statutes; and that my name altoear	ertify that the information are an officer or director free of 10 or Block 11 if	