2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000117759

City-St-Zip:

() Delete

Title:

Name:

Address:

City-St-Zip:

Entity Name: FOUR JAYS LANDCLEARING COMMERCIAL DIVISION INC.

FILED Mar 19, 2003 Secretary of State

y			CONCEDITION OF THE	J.		
Current Principal Place of Business:			New Principal Place of Business:			
520 ENTEI OSTEEN,	RPRISE-OSTE FL 32764	EN RD				
Current Mailing Address:			New Mailing Address:			
PO BOX 30 DELTONA	09395 , FL 32739					
FEI Number: 59-3707204 FEI Number Applied For ()		FEI Number Not Appl	icable () Certificate of S	tatus Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
	RPRISE-OSTE	EN RD JS				
	named entity s e of Florida.	submits this statement for the pu	rpose of changing i	ts registered office or registe	red agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ager	nt	Date		
	npaign Financing	g Trust Fund Contribution(). TORS:	ADDITION	S/CHANGES TO OFFICER:	S AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () JUNG, GLEN PO BOX 39039 DELTONA, FL		Title: Name: Address: City-St-Zip:	P/D (X) Change () Addi JUNG, GLEN PO BOX 390395 DELTONA, FL 32739 US	tion	
Title: Name: Address: City-St-Zip:	VPSD () JUNG, KEITH PO BOX 39039 DELTONA, FL		Title: Name: Address: City-St-Zip:	VPSD (X) Change () Addi JUNG, KEITH PO BOX 390395 DELTONA, FL 32739 US	tion	
Title: Name: Address:	()	Delete	Title: Name: Address:	S () Change (X) Addi JUNG, JENNIFER P.O. BOX 390395	tion	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

DELTONA, FL 32739 US

JUNG, LAURÀ

P.O. BOX 390395 DELTONA, FL 32739 US

() Change (X) Addition

SIGNATURE: LAURA JUNG T 03/19/2003