FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92195 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000004015

1. Entity Name
JEMSTONE CONSTRUCTION, INC.

90126067

Principal Place of Business	Mailing Address
2409 REGAL DR LUTZ, FL 33549	PO BOX 2416 LUTZ, FL 33548

2. Principal Place of Business	3. Mailing Address
4146 Torkington Drive	4146 Torkington Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Land O'Lakes FL	City & State: Land O' Lakes, FL
Zip: 34639 Country	Zip: 34639 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3693256 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

JEMISON, MYRON
2352 WINDSOR OAKS AVE
LUTZ, FL 33549

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number Is Not Acceptable): 4146 Torkington Drive
City: Land O' Lakes FL Zip Code: 34639

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] DATE: 4/29/03

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	O	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	JEMISON, MYRON V		NAME		
STREET ADDRESS	2409 REGAL DR		STREET ADDRESS	4146 Torkington Drive	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	Land O'Lakes, FL 34639	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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] 4/29/03 813 995-9553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #