

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90189 030 ***150.00

008172 AV

DOCUMENT # P01000029016

1. Entity Name

**JIMMY, JIMMY, JIMMY & MICHAEL CONSTRUCTION CONSU
LTANT'S INC.**



Principal Place of Business

**511 DOROTHY CIRCLE
EUSTIS FL 32726**

Mailing Address

**511 DOROTHY CIRCLE
EUSTIS FL 32726**

2. Principal Place of Business

511 Dorothy Circle

3. Mailing Address

Same as ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Eustis FL

City & State

Eustis FL

Zip

32726

Country

USA

Zip

32726

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3711006

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOPEZ, JIMMY JR
511 DOROTHY CIRCLE
EUSTIS FL 32726**

7. Name and Address of New Registered Agent

Name

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

City

FL

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, 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 | D | <input type="checkbox"/> Delete |
| NAME | LOPEZ, JIMMY | |
| STREET ADDRESS | 511 DOROTHY CIRCLE | |
| CITY-ST-ZIP | EUSTIS FL 32726 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | LOPEZ, ROSE | |
| STREET ADDRESS | 511 DOROTHY CIRCLE | |
| CITY-ST-ZIP | EUSTIS FL 32726 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | LOPEZ, JIMMY JR | |
| STREET ADDRESS | 511 DOROTHY CIRCLE | |
| CITY-ST-ZIP | EUSTIS FL 32726 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

JIMMY LOPEZ SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/03 352-357-0006

Date

Daytime Phone #

CR2E034 (10/02)