

2002 UNIFORM BUSINESS REPORT (UBR)

5/6/

FILED
Jun 04, 2002 8:00 am
Secretary of State

05-06-2002 90242 034 ***158.75

DOCUMENT # P01000032026

1. Entity Name
NEJ CONST. CORP.

Principal Place of Business
47 FENHILL LANE
PALM COAST FL 32135

Mailing Address
PO BOX 351336
PALM COAST FL 32135-1336

9 1336



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
PALM COAST FL.
 Suite, Apt. #, etc.

3. Mailing Address
47 FENHILL LN.
 Suite, Apt. #, etc.

City & State
PALM COAST FL.
 Zip
32137
 Country
USA

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PALM COAST FL.
 Zip
32137
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USA

4. FEI Number
59-3707132

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ARRUDA, CLEUZA F
47 FENHILL LANE
PALM COAST FL 32135

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT (DIRECTOR) CLEUZA F. ARRUDA 47 FENHILL LN. B PALM COAST FL 32137 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLEUZA F. ARRUDA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CLEUZA F. ARRUDA.

CR2E034 (9/01)