


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90092 015 \*\*\*163.75

<b>DOCUMENT #</b> P01000032026	
<b>1. Entity Name</b> NEJ CONST. CORP.	

<b>Principal Place of Business</b> 47 FENHILL LANE PALM COAST FL 32137	<b>Mailing Address</b> 47 FENHILL LANE PALM COAST FL 32137
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<b>2. Principal Place of Business</b> 8 EDVINGTON LN.	<b>3. Mailing Address</b> P.O. BOX 351336
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> PALM COAST FL.	<b>City &amp; State</b> PALM COAST FL.
<b>Zip</b> 32137	<b>Zip</b> 32135-1336
<b>Country</b> USA	<b>Country</b> FLA



☒ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 59-3707132	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  ARRUDA, CLEUZA F 47 FENHILL LANE PALM COAST FL 32135
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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<b>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.</b>	
<b>SIGNATURE</b> <i>Cleuza Arruda</i> Signature, typed or printed name of registered agent and title if applicable	<b>DATE</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PD ARRUDA, CLEVZA F 47 FENHILL LN PALM COAST FL 32137	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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.</b>	
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<b>SIGNATURE:</b> <i>Cleuza Arruda</i> SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)	<b>Date</b>	<b>Daytime Phone #</b>
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CR2E034 (10/02)