


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

0120894 AT

DOCUMENT # P01000040925	
1. Entity Name S & J CONSTRUCTION ENTERPRISES, INC.	

Principal Place of Business 3017 VISTA PALM DR EDGEWATER FL 32141	Mailing Address PO BOX 664 EDGEWATER FL 32132
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2. Principal Place of Business 521 OLD MINORCAN TRAIL	3. Mailing Address Suite, Apt. #, etc.
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☐ CHECK HERE IF MAKING CHANGES

City & State NEW SMYRNA BEACH FL	City & State
Zip 32168	Country

4. FEI Number 59-3717540	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent	
PLANSON, STANLEIGH H III 3017 VISTA PALM DR. EDGEWATER FL 32141	

7. Name and Address of New Registered Agent	
Name SAME	
Street Address (P.O. Box Number is Not Acceptable)	
City NEW SMYRNA BEACH FL	Zip Code 32168

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PDT	NAME PLANSON, STANLEIGH H III	TITLE	NAME SAME, III
STREET ADDRESS 3017 VISTA PALM DR.	CITY-ST-ZIP EDGEWATER FL 32141	STREET ADDRESS 521 OLD MINORCAN TRAIL	CITY-ST-ZIP NEW SMYRNA BEACH, FL. 32168
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE VSD	NAME LOGAN, JAMES JR.	TITLE	NAME
STREET ADDRESS 3063 RAGIS RD.	CITY-ST-ZIP EDGEWATER FL 32132	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: LOGAN V.P. **SIGNATURE REQUIRED** 9/2/03 386-760-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)