

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 30, 2002 8:00 am
Secretary of State

DOCUMENT # P01 00 00 80799

1. Entity Name J. SWANSON CONSTRUCTION, INC.

06-30-2002 90230 048 ***150.00

DO NOT WRITE IN THIS SPACE

80126301

2. Principal Place of Business
RT. 2, BOX 8816

3. Mailing Address
P O BOX 450

DO NOT WRITE IN THIS SPACE

City & State
FT. WHITE, FL

City & State
BRANFORD, FL

4. FEI Number
59-3738957

Applied For
Not Applicable

Zip
32038

Country
COLUMBIA

Zip
32008-0450

Country
SUWANNEE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
JEFFERY D. SWANSON

Street Address (P.O. Box Number is Not Acceptable)
RT. 2, BOX 8816

City
FT. WHITE

FL

Zip Code
32038

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres. Sec. Tres. Dir.
JEFFERY D. SWANSON
RT. 2, BOX 8816
FT. WHITE, FL 32038

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
RONDA SWANSON
RT 2, Box 8816
FT. White, FL 32038

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PLEASE ACCEPT THIS \$150.00 CH
CHECK AS PAYMENT FOR THE YEAR
2002. THIS IS BEING FILED LATE
BECAUSE WE DID NOT RECEIVE ANY
INFORMATION OR FORM PRIOR TO
6-21-02.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronda Swanson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/02 (904) 935-1350

Date

Daytime Phone #

CR2E034B (12/01)