

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90134 025 \*\*\*150.00

**DOCUMENT # P01000080799**

1. Entity Name  
**J SWANSON CONSTRUCTION, INC.**



Principal Place of Business  
**RT. 2 BOX 8816  
FT. WHITE FL 32038**

Mailing Address  
**RT. 2 BOX 8816  
FT. WHITE FL 32038**

**22002575**



2. Principal Place of Business  
**294 BYRON CT.**  
Suite, Apt. #, etc.

3. Mailing Address  
**294 BYRON CT.**  
Suite, Apt. #, etc.  
**P. O. BOX 450**

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State  
**BRANFORD, FL**

4. FEI Number  
**59-3738957**

Applied For  
Not Applicable

Zip Country

Zip Country  
**32008**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWANSON, JEFFREY D  
RT. 2 BOX 8816  
FT. WHITE FL 32038**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**294 BYRON CT.**  
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 \_\_\_\_\_ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD SWANSON, JEFFREY D RT. 2 BOX 8816 FT. WHITE FL 32038</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SWANSON, RONDA RT 2 BOX 8816 FORT WHITE FL 32038</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>294 BYRON CT.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>294 BYRON CT.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRES 1-24-03 (386) 497 3077**  
Date Daytime Phone #

CR2E034 (10/02)

ATTACHMENT  
Mark Lammert, CPA, P.A.  
410 MacGregor Road  
Winter Springs, Florida 32708  
407-327-1919 • Fax 407-327-1921  
mark@marklammert.com

22002574

January 31, 2003  
Via US Mail

Uniform Business Report  
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314-6478

RE: Intellicall Operator Services, Inc.  
Document #P19595  
2003 For Profit Corporation Uniform Business Report

Dear Staff,

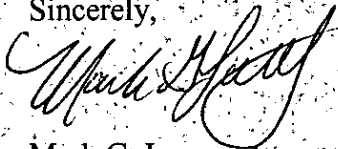
Enclosed for filing is the 2003 For Profit Corporation Uniform Business Report, filed on behalf of Intellicall Operator Services, Inc. (Document #P19595). A check for \$150.00 is enclosed to cover the remittance fees due.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Please do not hesitate to contact me at 407-327-1919 if you have any questions or concerns.

Thank you for your assistance in processing this filing.

Sincerely,



Mark G. Lammert  
President

cc: Intellicall Operator Services, Inc.  
file: Intellicall Operator Services, Inc. - FL