

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

01-14-2003 90084 019 ***150.00

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DOCUMENT # P01000100410

1. Entity Name
JR CONTRACTING, INC.



Principal Place of Business
515 MELBA STREET
JACKSONVILLE FL 32254

Mailing Address
515 MELBA STREET
JACKSONVILLE FL 32254

55005374



2. Principal Place of Business
4015 Halland Boree Rd.
Suite, Apt. #, etc.

3. Mailing Address
4015 Halland Boree Rd.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Middleburg FL 32068
Zip Country

City & State
Middleburg FL
Zip Country

4. FEI Number 59-3302226

Applied For
Not Applicable

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

BOZEMAN, JULIE
515 MELBA STREET
JACKSONVILLE FL 32254

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Julie Bozeman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-12-03
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 PD
STREET ADDRESS BOZEMAN, JULIE
CITY-ST-ZIP 4015 HALLBOREE ROAD
MIDDLEBURG FL 32068 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME SD
STREET ADDRESS THOMAS, RICHARD
CITY-ST-ZIP 4015 HALLBOREE ROAD
MIDDLEBURG FL 32068 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julie Bozeman 2-06-03 904/868/1091
Date Daytime Phone #

CR2E034 (10/02)