## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P02000048338 **DOCUMENT #**

1. Entity Name

J & R CONSTRUCTION & ENTERPRISES, INC.



May 02, 2003 8:00 am Secretary of State

05-02-2003 90404 026 \*\*\*150.00

				GOO WE THE	<b>'</b>			
Principal Place of Business 1900 E ROBINSON ST ORLANDO FL 32803		1900 E RC	Mailing Address 1900 E ROBINSON ST ORLANDO FL 32803					
		<b>\$</b> 11 <b></b>						
2. Principal F	Place of Business .	3. Mailing Address				2002/2004      000  0 2100   DETILL DOTAL DOTAL DOTAL DOTAL	14 # <b>0180</b> #140 <b>#</b> 1#1 <b>0</b> 4 #011 <b>10</b> 01	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & State		City & State		4	59-3273253	Applied For Not Applicable		
Zip	Country	Country Zip		Country	5	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
	Registered Ag	ent		7. Name and Address of New Registered Agent				
				- Name				
SPENCER, STEVEN A 1900 E ROBINSON ST				Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
ORLAND	O FL 32803							
} ?				City	City FL Zip Code			
	e named entity submits this statement for tions of registered agent.	or the purpose o	f changing its re	gistered office or regi	istered a	agent, or both, in the State of Florida. I am fam	niliar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Be	egistered Agent signature rec	quired wher	n 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	D PUERTAS, ROBERT 42580 MAGGIE JONES RD PAISLEY FL 32767		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u> <u>-</u> <u>-</u> <u>-</u>	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUERTAS, CLAIRE 42580 MAGGIE JONES RD PAISLEY FL 32767		□ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		C	Change	

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

12. Thereby 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Puertas