FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000048345

1. Entity Name

JNB Construction Services, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 19 PM 12:50

100013628791
03/06/03--01050--029 **150.00

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2. Principal Place of Business	3. Mailing Address
628 South Ride	628 South Ride
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32303 Country: Leon	Zip: 32303 Country: Leon

4. FEI Number: 04-3655687 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: John N Bumpus II

Street Address (P.O. Box Number is Not Acceptable): 628 South Ride

City: Tallahassee **FL** Zip Code: 32303

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: John N Bumpus II — John N Bumpus II — 19 Feb 2003

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	President
NAME	John N Bumpus II
STREET ADDRESS	628 South Ride
CITY-ST-ZIP	Tallahassee FL 32303
TITLE	Vice President
NAME	Krista L Kranze-Bump
STREET ADDRESS	628 South Ride
CITY-ST-ZIP	Tallahassee FL 32303
TITLE	Vice President
NAME	R.J. Monti
STREET ADDRESS	PO Box 13239
CITY-ST-ZIP	Tallahassee FL 32317
TITLE	
NAME	
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CR2E034B (12/01)

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: John N Bumpus II — John N Bumpus II — 2/19/03 — 850 251 2387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #