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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2003 8:00 am Secretary of State P02000054648 **DOCUMENT #** 04-17-2003 90181 037 ***150.00 C & J SITE DEVELOPMENT INC. Principal Place of Business Mailing Address 13810 RESTER RD. 13810 RESTER RD. **GROVELAND FL 34736 GROVELAND FL 34736** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **JOLLEY, PAULA** Street Address (P.O. Box Number is Not Acceptable) 1153 10TH ST. CLERMONT FL 34711 City 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 age SIGNATURE or printed transparence registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE-NOW!!! FEE-18 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition UPSHAW, CURTIS N NAME NAME 13810 RESTER RD. STREET ADDRESS STREET ADDRESS **GROVELAND FL 34736** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition UPSHAW, JUSTINE L NAME NAME 13810 RESTER RD. STREET ADDRESS STREET ADDRESS GRÖVELAND FL 34736 CITY-ST-ZIP CITY-ST-ZIP TITLE TIT1 F Secretary J.C. Tyre ☐ Change Addition NAME UPSHAW, JESSICA L STREET ADDRESS 13810 RESTER RD. STREET ADDRESS CITY-ST-ZIP GROVELAND FL 34736 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ 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

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP