

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90394 039 ***158.75

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DOCUMENT # P02000083458

1. Entity Name
J T B SITE CONSTRUCTION, INC.



Principal Place of Business
**21004 LOCKHART ROAD
DADE CITY FL 33523**

Mailing Address
**21004 LOCKHART ROAD
DADE CITY FL 33523**

2. Principal Place of Business
2515 EL RANCHO DRIVE
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 1388
Suite, Apt. #, etc.

City & State
LEESBURG, FL
Zip
34748
Country
USA

City & State
DADE CITY, FL
Zip
33526
Country
USA

4. FEI Number
27-6005454

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MORROW, HAROLD W
21004 LOCKHART ROAD
DADE CITY FL 33523**

7. Name and Address of New Registered Agent

Name
TRACEY MORROW
Street Address (P.O. Box Number is Not Acceptable)
**1820 ORMANDS JUNGLE DEN RD
LOT #95**
City
ASTOR FL Zip Code
32102

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 **Tracey M. Morrow**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/03
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
TERRY L. BEEKMAN
2515 EL RANCHO DRIVE
LEESBURG, FL 34748** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY / TREASURER
TRACEY M. MORROW
1820 ORMANDS JUNGLE DEN RD #95
ASTOR, FL 32102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP
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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: **Tracey M. Morrow**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 **813-355-6379**
Date Daytime Phone #

CR2E034 (10/02)