FILED Apr 15, 2003 8:00 am Secretary of State

04-15-2003 90118 016 ***150.00

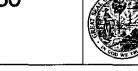
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P02000120330 DOCUMENT #

1. Entity Name

J.R.C. LAND CLEARING AND HAULING, INC.

Country



Principal Place of Business 491 S.W. CAHOON CT. PORT ST. LUCIE FL 34953 บร

Mailing Address 491 S.W. CAHOON CT. PORT ST. LUCIE FL 34953

2.	Principal Place of Business	

3. Mailing Address Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Zip

Suite, Apt. #, etc.

City & State

Zip Country 4. FEI Number 56 2302011

5. Certificate of Status Desired

Not Applicable \$8.75 Additional

Applied For

6. Name and Address of Current Registered Agent

COLEMAN, JEFFREY K 491 S.W. CAHOON CT."

PORT ST. LUCIE FL 34953

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Name							

Fee Required Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8.	The above named entity sub-	mits this statement f	for the purpose of cha	anging its registered o	office or registered as	gent, or both, i	n the State of Florida.	I am familiar with, a	nd accept
	the obligations of registered	agent.							

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State								
10	OFFICERS AND DIRECTO	RS	_11	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	3 IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLEMAN, JEFFREY K 491 S.W. CAHOON CT. PORT ST. LUCIE FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLEMAN, RONDA S 491 S.W. CAHOON CT. PORT ST. LUCIE FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition		
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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 it changed, or on an attachment with an address, with all other like empowered.

