

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

FILED
May 19, 2005 8:00 am
Secretary of State

05-19-2005 90046 008 ***550.00

DOCUMENT #P03000118638

1. Entity Name

Jarvis Grant Concrete Co.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Residence

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Country

USA

3. Mailing Address

2850 Empire Place

Suite, Apt. #, etc.

City & State

Sanford, Florida

Zip

32773

Country

USA

4. FEI Number

6501208157

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jarvis Grant

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

2850 Empire Place

City

Sanford

FL

Zip Code

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

[Signature]

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

5/10/05

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
Owner	Jarvis Grant	2850 Empire Place	Sanford, FL 32773
Operations Mgr.	Bridget Grant	2850 Empire Place	Sanford, FL 32773

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/05

Date

Daytime Phone #

CR2E034B (12/02)