

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000005403

1. Entity Name

A & J CONSTRUCTION CORP., INC.

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90067 020 \*\*\*150.00

Principal Place of Business

Mailing Address

49 SHORES BLVD.  
ST. AUGUSTINE FL 32086  
US

10 TALAVERA COURT  
ST. AUGUSTINE FL 32086-7682  
US

2. Principal Place of Business

10 TALAVERA CT.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

Zip

32086

Country

US

Zip

Country

4. FEI Number

59-3145869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBSEN, ARFEST  
4475 U.S. 1 SOUTH, SUITE 203  
ST. AUGUSTINE FL 32086

Name JACOBSEN, ARFEST

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

10 TALAVERA CT.

City ST. AUGUSTINE

FL

Zip Code

32086

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

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

ARFEST JACOBSEN, PRES.

(NOTE: Registered Agent signature required when reinstating)

3/17/00

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	TITLE	
NAME	JACOBSEN, ARFEST	NAME	
STREET ADDRESS	10 TALAVERA COURT	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VSD	TITLE	
NAME	JACOBSEN, DIAN	NAME	
STREET ADDRESS	10 TALAVERA COURT	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

ARFEST JACOBSEN

3/17/00

Date

904-797-9118

Daytime Phone #

CR2E034 (9/99)