

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90294 048 ***150.00

DOCUMENT # P93000016183

1. Entity Name
J.V. CONTRACTORS, INC.

Principal Place of Business
400 FRANDORSON CIRCLE
STE 204
APOLLO BEACH FL 33-3572
US

Mailing Address
400 FRANDORSON CIRCLE
STE 204
APOLLO BEACH FL 33-3572
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1003 Apollo Beach Blvd. #1

3. Mailing Address

930 Allegro Lane

Suite, Apt. #, etc.

Apollo Beach, FL 33572

Suite, Apt. #, etc.

City & State

Apollo Beach, FL

4. FEI Number

59-3178630

Applied For

Not Applicable

City & State

Apollo Beach, FL

Zip

33572

Country

USA

Zip

33572

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLDSWORTH, JOHN W III
400 FRANDORSON CIR
STE 204
APOLLO BEACH FL 33572

7. Name and Address of New Registered Agent

Name **John W. Holdsworth**

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

930 Allegro Lane

City **Apollo Beach**

FL

Zip Code **33572**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-02

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, 2002 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

TITLE **P** ☐ Delete
 NAME **HOLDSWORTH, JOHN**
 STREET ADDRESS **930 ALLEGRO LANE**
 CITY-ST-ZIP **APOLLO BCH FL 33572**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **John W. Holdsworth** **4-27-02** **813-649-1133**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)