

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000061318

1. Entity Name

JACKSONVILLE EIGHTEEN CONSTRUCTION, INC.

**FILED**  
May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90432 018 \*\*\*150.00

Principal Place of Business

Mailing Address

1275 COUNTY ROAD 210 WEST  
JACKSONVILLE FL 32259

1275 COUNTY ROAD 210 WEST  
JACKSONVILLE FL 32259-2104

649312

2. Principal Place of Business

3. Mailing Address

345 Cumberland Industrial Ct.

345 Cumberland Industrial Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg. # A

Bldg. # A

City & State

City & State

St. Augustine, FL

St. Augustine, FL

Zip

Country

32095

USA

Zip

Country

32095

USA

4. FEI Number

59-3269666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, EDWARD D  
1275 COUNTY ROAD 210 W #A  
JACKSONVILLE FL 32259

Name

Street Address (P.O. Box Number is Not Acceptable)  
345 Cumberland Industrial Ct.

Bldg. # A

City

St. Augustine

FL

Zip Code

32095

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

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

TITLE **P** ☐ Delete  
NAME **SMITH, EDWARD**  
STREET ADDRESS **1275 CR 210 W**  
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **S** ☐ Delete  
NAME **WRIGHT, JANET**  
STREET ADDRESS **1275 CR 210 W**  
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **VPD** ☐ Delete  
NAME **FRECHETTE, DONNIE**  
STREET ADDRESS **1275 CR 210 W**  
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **VPD** ☐ Delete  
NAME **CARROLL, STEVE**  
STREET ADDRESS **1275 CR 210 W**  
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **VPD** ☐ Delete  
NAME **BUSH, KEVIN**  
STREET ADDRESS **1275 CR 210 W**  
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Edward Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

(904) 810-1925

Date

Daytime Phone #

Edward Smith, President