

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000061318

1. Entity Name

JACKSONVILLE EIGHTEEN CONSTRUCTION, INC.

Principal Place of Business

345 CUMBERLAND INDUSTRIAL CT
BLDG #A
SAINT AUGUSTINE FL 32095

Mailing Address

345 CUMBERLAND INDUSTRIAL CT
BLDG #A
SAINT AUGUSTINE FL 32095

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SMITH, EDWARD D
345 CUMBERLAND INDUSTRIAL CT
#A
SAINT AUGUSTINE FL 32095

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number 59-3269666

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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, 2001 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	<input type="checkbox"/> Delete
NAME	SMITH, EDWARD	
STREET ADDRESS	1275 CR 210 W	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WRIGHT, JANET	
STREET ADDRESS	1275 CR 210 W	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FRECHETTE, DONNIE	
STREET ADDRESS	1275 CR 210 W	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CARROLL, STEVE	
STREET ADDRESS	1275 CR 210 W	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BUSH, KEVIN	
STREET ADDRESS	1275 CR 210 W	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Edward	
STREET ADDRESS	345 Cumberland Industrial Ct., Bldg. # A	
CITY-ST-ZIP	St. Augustine, FL 32095	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wright, Janet	
STREET ADDRESS	345 Cumberland Industrial Ct., Bldg. # A	
CITY-ST-ZIP	St. Augustine, FL 32095	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frechette, Donnie	
STREET ADDRESS	345 Cumberland Industrial Ct., Bldg. # A	
CITY-ST-ZIP	St. Augustine, FL 32095	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carroll, Steve	
STREET ADDRESS	345 Cumberland Industrial Ct., Bldg. # A	
CITY-ST-ZIP	St. Augustine, FL 32095	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Smith, President

4/5/01

Date

904/810-1925

Daytime Phone #

CR2E034 (10/00)