FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

04 JAN -7 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071159

1. Entity Name

J. D. M. CONSTRUCTION, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01-03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3841 48TH AVE N	3841 48TH AVE N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST PETERSBURG FL	City & State: ST PETERSBURG FL
Zip: 33714 Country: US	Zip: 33714 Country: US

4. FEI Number 59-3277336 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JON D. MCVEY

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

8750 64TH STREET

City PINELLAS PARK FL Zip Code 33782

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.

100024344951
10/31/03--01110--008 **750.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PRES.
NAME	JON D. MCVEY
STREET ADDRESS	8750 64TH ST
CITY-ST-ZIP	PINELLAS PARK FL 33782
TITLE	
NAME	
STREET ADDRESS	
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TITLE	100024344951
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CR2E034B (12/02)

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 JON D. MCVEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #