

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075680

1. Entity Name  
J & A CONSTRUCTORS, INC.

Principal Place of Business

RT. 1, BOX P-2  
ATTN: ALLAN LEVINSON  
GLEN ST. MARY FL 32040

Mailing Address

RT. 1, BOX P-2  
ATTN: ALLAN LEVINSON  
GLEN ST. MARY FL 32040

2. Principal Place of Business

19193 B.F. FINLEY CIR  
Suite, Apt. #, etc.

3. Mailing Address

19193 B.F. FINLEY CIR  
Suite, Apt. #, etc.

City & State

GLEN ST MARY, FL

City & State

GLEN ST MARY, FL

Zip

32040

Country

USA

Zip

32040

Country

USA

4. FEI Number

59-3296188

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, JAMES B  
RT 1 BOX P-2  
GLEN SAINT MARY FL 32040

7. Name and Address of New Registered Agent

Name: ALLAN LEVINSON  
Street Address (P.O. Box Number is Not Acceptable): 19193 B.F. FINLEY CIR  
City: GLEN ST MARY FL Zip Code: 32040

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]* ALLAN LEVINSON VP. 1/6/02  
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, 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	<input type="checkbox"/> Delete
NAME	SANCHEZ, JAMES B	
STREET ADDRESS	3112 FOREST BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANCHEZ, PRISCILLA A	
STREET ADDRESS	3112 FOREST BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEVINSON, ALLAN P	
STREET ADDRESS	RR1 BOX P2	
CITY-ST-ZIP	GLEN SAINT MARY FL 32040	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEVINSON, LEANN	
STREET ADDRESS	RR1 BOX P2	
CITY-ST-ZIP	GLEN SAINT MARY FL 32040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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]* ALLAN LEVINSON VP 1/6/02 904-275-2640  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

**FILED**  
**Jan 09, 2002 8:00 am**  
**Secretary of State**

01-09-2002 90012 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0594796 AT

CR2E034 (9/01)