

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-09-2002 90012 039 ***150.00

0594795 AT

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 19193 B.F. FINLEY CIR Suite, Apt. #, etc.	3. Mailing Address 19193 B.F. FINLEY CIR Suite, Apt. #, etc.
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City & State GLEN ST MARY, FL	City & State GLEN ST MARY, FL
Zip 32040	Zip 32040
Country USA	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.** DATE **1/6/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

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** DATE **1/6/02** DAYTIME PHONE # **904-278-2640**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)