2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State
01-15-2002 90016 037 ***150.00

DOCUMENT # P94000084650

1. Entity Name
J.M.T. CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
120 PARMALLEE ST GLEN ST MARY FL 32040-0087	P O BOX 87 GLEN ST MARY FL 32040-0087 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7261 W. Parmelee Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GLEN ST. MARY, FL	City & State
Zip: 32040-0087 Country: BAKER	Zip Country

4. FEI Number 65-0555182 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOSEPH, GEORGE N
120 PARMALLEE ST
GLEN ST MARY FL 32040-0087

7. Name and Address of New Registered Agent

Name: Joseph, George N.
Street Address (P.O. Box Number is Not Acceptable): 7261 W. Parmelee Rd
City: GLEN ST. MARY, FL Zip Code: 32040-0087

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: George N. Joseph [signature] 1/08/02
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOSEPH, GEORGE N	NAME	
STREET ADDRESS	P.O. BOX 87 N/AT	STREET ADDRESS	
CITY-ST-ZIP	GLEN ST MARY FL 32040-0087	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	President ☒ Change ☐ Addition
NAME	JOSEPH, GEORGE N	NAME	Joseph, George N
STREET ADDRESS	120 PARMALLEE ST	STREET ADDRESS	7261 W. Parmelee Rd
CITY-ST-ZIP	GLEN ST MARY FL 32040-0087	CITY-ST-ZIP	GLEN ST. MARY, FL 32040-0087
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED [signature] George N. Joseph 1/8/02 904-259-3271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)