FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

P95000009192

FILED
04 MAY 26 AM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66418813

DOCUMENT # P95000009192

1. Entity Name: JAMESON BUILDERS INC. 537-15TH AVE NORTH, JACKSONVILLE BEACH, FL 32250-4710

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
537-15TH AVE N. J.B. FL.	537-15TH AVE N. J.B. FL.
Suite, Apt. #, etc.: HOME.	Suite, Apt. #, etc.: FREE STANDING BLDG
City & State: JACKSONVILLE BEACH, FL	City & State: J. BEACH, FL
Zip: 32250.4710 Country: DUVAL	Zip: 32250 Country: DUVAL

4. FEI Number: 59-3371188 ☐ 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: JAMES L. McCUE JR

Street Address (P.O. Box Number is Not Acceptable): C/O 537 15TH AVE N.

City: JACKSONVILLE BEACH, FL Zip Code: 32250-

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.

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

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	J. L. McCUE JR (one only)
STREET ADDRESS	J. L. McCUE JR.
CITY-ST-ZIP	PRES/OWNER 537 15TH JAX BCH, FL 32250-4710

TITLE	
NAME	James McCue Jr. — Pres. — owner.
STREET ADDRESS	537 15th Ave N —
CITY-ST-ZIP	Jacksonville, FL 32250-4710 — There only 1.

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300002445761B
04/28/04-01058-004 **150.00

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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: J. L. McCue, Jr. — Pres. Owner, 537-15th AVE North, J.B. FL 32250-4710. 4-26-04 (904-2464644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #