2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State
01-15-2003 90177 018 ***150.00

DOCUMENT # P95000020306

1. Entity Name
JKS BUILDERS, INC.

Principal Place of Business	Mailing Address
4239 SUNBEAM RD SUITE 1 JACKSONVILLE FL 32257 US	P. O. BOX 57354 JACKSONVILLE FL 32241 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6353 Argyle Forest Blvd #2	6353 Argyle Forest Blvd #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JAX. Fla.	City & State: JAX. Fla
Zip: 32244 Country: Dural	Zip: ~~Fla~~ 32244 Country: Dural

4. FEI Number 59-3358203 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHACKELFORD, KAREN 4239 SUNBEAM RD #1 JACKSONVILLE FL 32257	Name Street Address (P.O. Box Number is Not Acceptable) 6353 Argyle Forest Blvd #2 City JAX. FL Zip Code 32244

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 K. Shackelford 1-10-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DUBBERLY, VERNON P.O. BOX 57354 N/A JACKSONVILLE FL 32241	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT SHACKELFORD, KAREN 7305 AMANDAS CROSSING DRIVE, S JACKSONVILLE FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS SHACKELFORD, JERRY 7305 AMANDAS CROSSING DRIVE, S JACKSONVILLE FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: K. Shackelford SIGNATURE REQUIRED 1-10-02 (904)573-7969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #