

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057988

1. Entity Name

J & J CONCRETE PUMPING SERVICE, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90053 048 ***150.00

Principal Place of Business

Mailing Address

360 S. INDUSTRIAL DR.
ORANGE CITY FL 32763

360 S. INDUSTRIAL DR.
ORANGE CITY FL 32763

2. Principal Place of Business

360 S. Industrial dr
Suite, Apt. #, etc.

3. Mailing Address

360 S. Industrial dr
Suite, Apt. #, etc.

City & State

Orange City, FL

City & State

Orange City, FL

Zip

Country

32763

Volusia

Zip

32763

Country

Volusia

4. FEI Number

59-3334254

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

LOWE, JOY H
2730 STONE AVE.
DELAND FL 32720

Name
Joy H. Lowe

Street Address (P.O. Box Number is Not Acceptable)

2730 Stone Ave

City
DEland

FL

Zip Code

32720

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, 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, 2001 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	D	<input type="checkbox"/> Delete
NAME	LOWE, JOY H	
STREET ADDRESS	565 SANDY PINES DRIVE	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWE, JIM R	
STREET ADDRESS	565 SANDY PINES DRIVE	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOWE, THOMAS R	
STREET ADDRESS	1460 W. HOWRY AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	V	<input type="checkbox"/> Delete
NAME	SWARTZ, STEVEN J	
STREET ADDRESS	45832 PINE ST.	
CITY-ST-ZIP	PAISLEY FL 32767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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:

Joy H. Lowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-2001

904-775-0476

CR2E034 (10/00)