

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000071313

1. Entity Name

J.M. & SONS CONSTRUCTION COMPANY, INC.

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90058 025 ***150.00

Principal Place of Business

Mailing Address

~~100 WHITAKER ROAD~~
~~LUTZ FL 33549~~

~~2504 W CREST ST~~
~~STE 101~~
~~TAMPA FL 33614-6805~~
~~US~~

2. Principal Place of Business

2504 West Crest St

3. Mailing Address

5904 Hammock Woods Dr

Suite, Apt. #, etc.

Suite One

Suite, Apt. #, etc.

City & State

Tampa FLA

City & State

Odessa FLA

Zip

33614

Country

Hillborough

Zip

33556

Country

Hillborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3337653

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIANCO, JOHN G III

~~705 WEST AZEELE STREET~~

~~TAMPA FL 33606~~

New Address

Name

John Bianco G III

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

2504 West Crest St

Tampa FL

City

FL

Zip Code

33614

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	MASSICOTTE, JOSEPH	
STREET ADDRESS	100 WHITAKER ROAD	
CITY-ST-ZIP	LUTZ FL 33549	New Address
TITLE	D	<input type="checkbox"/> Delete
NAME	MASSICOTTE, DEBORAH	
STREET ADDRESS	100 WHITAKER ROAD	
CITY-ST-ZIP	LUTZ FL 33549	New Address
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"/> 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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Massicotte Joseph	
STREET ADDRESS	5904 Hammock Woods Dr	
CITY-ST-ZIP	Odessa FL 33556	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah Massicotte	
STREET ADDRESS	5904 Hammock Woods Dr	
CITY-ST-ZIP	Odessa FL 33556	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe Massicotte (4-12-00) (813) 920-9653

Date

Daytime Phone #

CR2E034 (9/99)