

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083636

1. Entity Name
ALADDIN CONSTRUCTION OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address
538 LOCUST ST. P.O. BOX 7127
JACKSONVILLE FL 32254 JACKSONVILLE FL 32238-0127

2. Principal Place of Business 3. Mailing Address
538 LOCUST ST. SAME AS ABOVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
JAX, FL
Zip Country Zip Country
32254 DUVALL

4. FEI Number 59-3177813 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
SILVERS, ARTHUR O
538 LOCUST ST.
JACKSONVILLE FL 32254
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P SILVERS, ARTHUR O 538 LOCUST ST JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Date Daytime Phone #

FILED
Jan 09, 2002 8:00 am
Secretary of State
01-09-2002 90012 045 ***150.00



DO NOT WRITE IN THIS SPACE

IV 9898950

CR2E034 (9/01)