2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

Suite, Apt. #, etc.

DOCUMENT # **P95000093020**

2. Principal Place of Business

Suite, Apt. #, etc.

J. & S. HOME BUILDERS, INC.

Principal Place of Business	Mailing Address
15314 74TH AVENUE N	15314 74TH AVENUE N
PALM BEACH GARDENS FL 33418	PALM BEACH GARDENS FL 33418-1953
US	US

FILED Mar 03, 2000 8:00 am Secretary of State 03-03-2000 90258 035 ***150.00

POOTIOO



DO NOT WRITE IN THIS SPACE

City & State		City & State 4.		4. F	El Number 65-0631542		plied For t Applicable		
Zip	Country	Zip	Country						
	6. Name and Address of Current R	<u> </u>	7. Name and Address of New Registered Agent						
LICATA, RITA B 15314 74TH AVENUE NORTH			Name						
			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
PALM BEACH GARDENS FL 33418									
			City		F	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									
	Signature, typed or printed name of registered agent and	I title if applicable (NOTE: H	registered Agent signature req	uired when re	instaing) DATE				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After MAY 1, 2000 I Make Check Payable to					Election Campaign Financing Trust Fund Contribution.	\$ 5.0 Added	May Be to Fees		
11.	OFFICERS AND D	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	S IN 11		
TITLE NAME STREET ADDRESS	VD SAYER, JAMES 14731 67 TR N	☐ Delete	TITLE NAME STREET ADDRESS		_	☐ Change	Addition		
CITY-ST-ZIP	PALM BEACH GARDENS FL		CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LICATA, SALVATORE 15314 74 AVE N	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS	PALM BEACH GARDENS FL STD LICATA, RITA B 15314 74 AVE N	☐ Delete	TITLE NAME STREET ADDRESS	<u> </u>		Change	Addition		
CITY-ST-ZIP	PALM BEACH GARDENS FL		CITY-ST-ZIP						
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		
13. I hereby of indicated	certify that the information supplied with to on this report or supplemental report is t	nis filing does not qualify for thrue and accurate and that my	ne exemption stated in signature shall have t	n Section in the same I	119.07(3)(i), Florida Statutes. I further ce legal effect as if made under oath; that I	ertify that the ir am an officer	nformation 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.

WATER SECOND SALVATORE LICATA 2/28/60
THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR