## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 05, 2001 8:00 am Secretary of State DOCUMENT # P96000052416 1. Entity Name J & J LAMAR CONSTRUCTION SERVICES, INC. 05-05-2001 90834 048 \*\*\*155.00 Mailing Address Principal Place of Business 2166 NW 30TH TER 2166 NW 30TH TER FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311 048652 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4, FEI Number Applied For City & State 65-0684121 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAMAR, JOHNNY JR Street Address (P.O. Box Number is Not Acceptable) 2166 NW 30TH TER FT LAUDERDALE FL 33311 City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Addition TITLE ☐ Delete LAMAR, JOHNNY JR NAME NAME STREET ADDRESS STREET ADDRESS 2166 NW 30TH TER CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Addition D Onange Delete TITLE TITLE NAME LAMAR, JIMMY NAME STREET ADDRESS STREET ADDRESS 2166 NW 30TH TER CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Addition TITLE Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change | ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 1 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 an address, with all other like empowered changed, or on an attachment with

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRI

President 04-25-01 954-739-639