

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90099 012 ***150.00

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DOCUMENT # P97000004003

1. Entity Name

S & J HOME BUILDERS, INC.



Principal Place of Business

**8401 WASHINGTON ST.
RIVERVIEW FL 33569
US**

Mailing Address

**8401 WASHINGTON ST.
RIVERVIEW FL 33569
US**

2. Principal Place of Business

**2509 Magnolia Leaf Lane
Suite, Apt. #, etc.**

3. Mailing Address

**2509 Magnolia Leaf Lane
Suite, Apt. #, etc.**

City & State

Dover FL

City & State

Dover FL

4. FEI Number

59-3435188

Applied For

Not Applicable

Zip

33527

Country

Hillsborough

Zip

33527

Country

Hillsborough

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORDELL, JOHN A JR
8401 WASHINGTON ST.
RIVERVIEW FL 33569**

7. Name and Address of New Registered Agent

**Name: John A Cordell Jr.
Street Address (P.O. Box Number is Not Acceptable):
2509 Magnolia Leaf Lane
City: Dover FL Zip Code: 33527**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CORDELL, JOHN A	
STREET ADDRESS	8401 WASHINGTON ST.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	CORDELL, SUSAN	
STREET ADDRESS	8401 WASHINGTON ST.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		<input checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Cordell A	
STREET ADDRESS	2509 Magnolia Leaf Lane	
CITY-ST-ZIP	Dover, FL 33527	
TITLE	VP Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cordell, Susan	
STREET ADDRESS	2509 Magnolia Leaf Lane	
CITY-ST-ZIP	Dover, FL 33527	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Cordell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03

Date

813-677-9802

Daytime Phone #

CR2E034 (10/02)