

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90451 028 ***150.00

NOTES
 AN

DOCUMENT # P97000026054

1. Entity Name
SHEZA GENERAL CONTRACTORS, INC.

Principal Place of Business

**6653 POWERS AVE
 STE NO 7
 JACKSONVILLE FL 32217
 US**

Mailing Address

**6653 POWERS AVE
 STE NO 7
 JACKSONVILLE FL 32217
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3075-2 Leon Rd

3. Mailing Address

3075-2 Leon Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3430930

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

**BATTON, LYNETTE
 6653 POWERS AVE
 STE NO 7
 JACKSONVILLE FL 32217**

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 **Lynette Batton**

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

(NOTE: Registered Agent signature required when reinstating)

4-11-02

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	P	<input type="checkbox"/> Delete
NAME	BATTON, LYNETTE	
STREET ADDRESS	6653 POWERS AVE #7	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MEADOWS, LINVILLE	
STREET ADDRESS	4011 SPRINGWOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	POAG, DONALD JR	
STREET ADDRESS	3967 MEADOWVIEW DRIVE, N	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
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"/> 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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Poag, Donald, Jr	
STREET ADDRESS	3967 Meadowview Dr, N.	
CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jill P Meadows	
STREET ADDRESS	4011 Springwood Rd	
CITY-ST-ZIP	Jacksonville, FL 32207	
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: **Lynette Batton** **LYNETTE BATTON PRES** **4-11-02** **904-620-9551**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)