

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90367 025 \*\*\*150.00

**DOCUMENT # P97000026054**

1. Entity Name  
**SHEZA GENERAL CONTRACTORS, INC.**



Principal Place of Business  
**3075-2 LEON RD.  
JACKSONVILLE FL 32246  
US**

Mailing Address  
**3075-2 LEON RD.  
STE NO 7  
JACKSONVILLE FL 32246  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3430930**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name

**Donna L. Rowland**

Street Address (P.O. Box Number is Not Acceptable)

**1047 Cherbourg Ave. E.**

City

**Jacksonville**

FL

Zip Code

**32205**

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 **Donna L. Rowland**

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

(NOTE: Registered Agent signature required when reinstating)

**4-10-03**

DATE

**FEE 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** ☒ Delete  
NAME **BATTON, LYNETTE**  
STREET ADDRESS **6653 POWERS AVE #7**  
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **VP** ☒ Delete  
NAME **MEADOWS, LINVILLE**  
STREET ADDRESS **4011 SPRINGWOOD ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **TD** ☐ Delete  
NAME **POAG, DONALD JR**  
STREET ADDRESS **3967 MEADOWVIEW DRIVE, N**  
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **S** ☐ Delete  
NAME **MEADOWS, JILL**  
STREET ADDRESS **4011 SPRINGWOOD RD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice Pres.** ☐ Change ☒ Addition  
NAME **Donna Rowland**  
STREET ADDRESS **1047 Cherbourg Ave. E.**  
CITY-ST-ZIP **Jacksonville, FL 32205**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **C.E.O./D** ☒ Change ☐ Addition  
NAME **Donald Poag Jr**  
STREET ADDRESS **3967 Meadowview Dr. N.**  
CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE **Pres./Sec./Treas.** ☒ Change ☒ Addition  
NAME **Jill Meadows**  
STREET ADDRESS **8335 Freedom Crossing Trail #902**  
CITY-ST-ZIP **Jacksonville, Florida 32256**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/03**

Date

**904-620-9551**

Daytime Phone #

CR2E034 (10/02)