

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90118 032 ***150.00

DOCUMENT # **P97000035367**

1. Entity Name

JOHN ALAN CONSTRUCTION, INC.



DO NOT WRITE IN THIS SPACE

11028869

2. Principal Place of Business

3. Mailing Address

715 EXECUTIVE DRIVE 715 EXECUTIVE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

WINTER PARK, FL

WINTER PARK, FL

4. FEI Number

59-3440875

Applied For

Not Applicable

Zip

Country

Zip

Country

32789 ORANGE

32789 ORANGE

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

THRAILKILL, JOHN A.

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

715 EXECUTIVE DRIVE

City

WINTER PARK

FL

Zip Code

32789

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST THRAILKILL, JOHN A. 715 EXECUTIVE DRIVE WINTER PARK, FL 32789
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John Thrailkill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03
Date

407-740-8888
Daytime Phone #

CR2E034B (12/02)