

2000 UNIFORM BUSINESS REPORT (UBR)

0423742

DOCUMENT # P97000040374

1. Entity Name
JMC CONSTRUCTION OF WEST FLORIDA, INC.

APPROVED
AND
FILED

00 APR 11 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2201 4TH ST., N. STE. 200 ST. PETERSBURG FL 33704	Mailing Address 2201 4TH ST., N. STE. 200 ST. PETERSBURG FL 33704-4300
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DO NOT WRITE IN THIS SPACE

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 59-3457652	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GREENE, ROBERT F
1301 6TH AVE., W. STE. 505
BRADENTON FL 34205**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete ECKELKAMP, KENNETH L 2201 4TH STREET NORTH, SUITE 200 ST. PETERSBURG FL 33704	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4000003234334--1 -05/02/00--01015--011 ***1041.25 ***150.00	
TITLE VP	<input type="checkbox"/> Delete HOBACH, JOHN P 2201 4TH STREET NORTH, SUITE 200 ST. PETERSBURG FL 33704	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> Delete ANDERSON, DAVID 2201 4TH STREET NORTH, SUITE 200 ST. PETERSBURG FL 33704	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST	<input type="checkbox"/> Delete COPELAND, G. SPRING 2201 4TH STREET NORTH, SUITE 200 ST. PETERSBURG FL 33704	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *[Signature]* **3-9-00** **7278230022**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)