

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90338 023 ***150.00

DOCUMENT # P97000104151

1. Entity Name
J.-D. CONTRACTORS, INC.

Principal Place of Business

~~715 52ND AVE. NORTH~~
~~ST. PETERSBURG FL 33703~~

Mailing Address

~~715 52ND AVE. NORTH~~
~~ST. PETERSBURG FL 33703~~

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1411 John Moore Road

Suite, Apt. #, etc.

3. Mailing Address

1411 John Moore Road

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip
33511

Country

City & State

Brandon, FL

Zip
33511

Country

4. FEI Number

59-3485186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARSHEK, JEFF

~~715 52ND AVE. NORTH~~
~~ST. PETERSBURG FL 33703~~

Name

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

1411 John Moore Road

City

Brandon

FL

Zip Code

33511

7. Name and Address of New Registered Agent

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

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

(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)

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

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MARSHEK, JEFF | |
| STREET ADDRESS | 715 52ND AVE. NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33703 | |
| TITLE | PVST | <input type="checkbox"/> Delete |
| NAME | MARSHEK, JEFF | |
| STREET ADDRESS | 715 52ND AVE. NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33703 | |
| 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"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1411 John Moore Road | |
| CITY-ST-ZIP | Brandon, FL 33511 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1411 John Moore Road | |
| CITY-ST-ZIP | Brandon, FL 33511 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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)(j), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Marshek

1-25-02

Date

Daytime Phone #

CR2E034 (9/01)