

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90147 023 ***150.00

DOCUMENT # P97000106856

1. Entity Name

JARCO CONSTRUCTION, INC.

Principal Place of Business

**329 SE 2ND STREET
B
HALLANDALE FL 33009**

Mailing Address

**329 SE 2ND STREET
B
HALLANDALE FL 33009**

2. Principal Place of Business

5421 NE 16 Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1573

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Hallandale, FL

Zip

33334

Country

USA

Zip

33008

Country

USA

6. Name and Address of Current Registered Agent

**CALLAHAN, ROBERT
120 SE 4 AVENUE, SUITE 7
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name

Robert Jackson

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

1830 Dewey St.

City

Hollywood, FL

FL

Zip Code

33020

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

Robert Jackson

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

(NOTE: Registered Agent signature required when reinstating)

4/17/01

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, 2001 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	DP	<input checked="" type="checkbox"/> Delete
NAME	BABIK, EDWARD J	
STREET ADDRESS	5421 NE 16 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert A Babik	
STREET ADDRESS	5421 NE 16 AVE	
CITY-ST-ZIP	Fort Lauderdale, FL 33334	
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		
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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0488517

CR2E034 (10/00)