

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91592 010 ***150.00

DOCUMENT # P98000008697

1. Entity Name
K & J CONSTRUCTION, INC.

Principal Place of Business
201 S.W. GROVE AVE.
PORT ST. LUCIE FL 34983

Mailing Address
201 S.W. GROVE AVE.
PORT ST. LUCIE FL 34983

2. Principal Place of Business

501 S.E. WEST VIRGINIA DR

3. Mailing Address

501 S.E. WEST VIRGINIA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

City & State

PORT ST. LUCIE, FL

Zip

34983

Country

ST. LUCIE

Zip

34983

Country

ST. LUCIE

DO NOT WRITE IN THIS SPACE

4. FEI Number

74-2868638

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COTTON, KEVIN
201 S.W. GROVE AVE.
PORT ST. LUCIE FL 34983

7. Name and Address of New Registered Agent

Name **KEVIN COTTON**

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

501 S.E. WEST VIRGINIA DR

PORT ST. LUCIE

FL

Zip Code **34983**

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 **P** ☐ Delete
NAME **COTTON, KEVIN**
STREET ADDRESS **201 SW GROVE AVE**
CITY-ST-ZIP **FORT ST LUCIE FL 34983**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **NO CHANGES AS**
STREET ADDRESS **JUST ADDRESS AS**
CITY-ST-ZIP **STATED ABOVE**

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

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

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TITLE ☐ Change ☐ 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 #

4-15-02 561-878-7638

CR2E034 (9/01)