

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
 Suite, Apt. #, etc.

3. Mailing Address
501 S.E. WEST VIRGINIA DR
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PORT ST. LUCIE, FL

City & State
PORT ST. LUCIE, FL

4. FEI Number **74-2868638**

Applied For
 Not Applicable

Zip
34983

Country
St. Lucie

Zip
34983

Country
St. Lucie

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 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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME P COTTON, KEVIN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP 201 SW GROVE AVE FORT ST LUCIE FL 34983	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

NO CHANGES AS JUST ADDRESS AS STATED ABOVE

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: *Kevin R. Cotton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 ⁵⁶¹⁻ **878-7638**
 Date Daytime Phone #

CR2E034 (9/01)