

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PS 00008697**
 Entity Name
J & J CONSTRUCTION INC.

FILED

03 MAY -9 PM 1:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

Principal Place of Business 2727 NE. Coldspring Dr 7550 Gullotti Place
 Mailing Address Suite, Apt. #, etc.

City & State **Wesley Ch, FL** City & State **PORT ST. LUCIE FL**
 Zip **34957** Country **MARTIN** Zip **34952** Country **ST. LUCIE**

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
7550 Gullotti Place
PORT ST. LUCIE, FL 34952

7. Name and Address of New Registered Agent
 Name **KEVIN COTTON**
 Street Address (P.O. Box Number is Not Acceptable)
7550 Gullotti Place
PORT ST. LUCIE, FL 34952
 FL Zip Code **34952**

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.

NATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete P COTTON, KEVIN 7550 Gullotti Place PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Change <input type="checkbox"/> Addition NO CHANGES JUST ADDRESS AS STATED ABOVE		
<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100018673311 05/09/03--01056--006 **150.00		
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<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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 empowerment.

SIGNATURE: **Kevin De Cotton**

Date **4/28/03** 878-7638