

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90054 010 ***158.75

0016413

DOCUMENT # P98000012311

1. Entity Name

JEFF A. KERR CONTRACTING, INC.

Principal Place of Business

530 BAY RIDGE RD
JACKSONVILLE FL 32216
US

Mailing Address

530 BAY RIDGE RD
JACKSONVILLE FL 32216
US

2. Principal Place of Business

530 Bay Ridge Rd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 19454
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Jacksonville FL
Zip
32216
Country
USA

City & State
Jacksonville FL
Zip
32245-9454
Country
USA

4. FEI Number 59-3495183

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KERR, JEFF A
4473 ROCKY RIVER ROAD WEST
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name
N/A
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/07/01

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 NAME STREET ADDRESS CITY-ST-ZIP | D KERR, JEFF A 4473 ROCKY RIVER ROAD WEST JACKSONVILLE FL 32224 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST KERR, JEFF A 4473 ROCKY RIVER ROAD WEST JACKSONVILLE FL 32224 | <input checked="" type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Kerr, Jeff. A. 530 Bay Ridge Rd. Jacksonville, FL 32216 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Kerr, Jeff. A. 530 Bay Ridge Rd. Jacksonville, FL 32216 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Jeffrey A. Kerr Jeffrey A. Kerr

Date

Daytime Phone #

4/07/01 904 7250566

CR2E034 (10/00)