

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025685

1. Entity Name

KMJ CONSTRUCTION, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90036 033 ***150.00

Principal Place of Business

3425 MAGGIE RD
ORLANDO FL 32811

Mailing Address

3425 MAGGIE RD
ORLANDO FL 32811-6698

2. Principal Place of Business

5728 Major Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

253

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip

32819

Country

USA

Zip

Country

4. FEI Number

59-3497693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, KRISTEN M

~~3425 MAGGIE RD~~
~~ORLANDO FL 32811~~

Name

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

5728 Major Blvd # 253

City

Orlando

FL

Zip Code

32819

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

Kristen M. Jackson

Kristen M. Jackson

President

4/28/00

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, 2000 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 DP ☐ Delete
NAME JACKSON, KRISTEN M
STREET ADDRESS 6655 HIDDEN BEACH CIRCLE
CITY-ST-ZIP ORLANDO FL 32819

TITLE Vice President ☐ Change ☒ Addition
NAME John E Jackson
STREET ADDRESS 6655 Hidden Beach Circle
CITY-ST-ZIP Orlando FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Kristen M. Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristen M. Jackson

President

4/28/00 (407) 467-4713

Date

Daytime Phone #

CR2E034 (9/99)