

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035824

1. Entity Name
JUST CONSTRUCTION, INC.

Principal Place of Business
200 ST. ANDREWS BOULEVARD
APT. #1308
WINTER PARK FL 32792

Mailing Address
200 ST. ANDREWS BOULEVARD
APT. #1308
WINTER PARK FL 32792

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3507524

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

KEANE, JOHN C
200 ST. ANDREWS BOULEVARD
APT. #1308
WINTER PARK FL 32792

Name

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
STREET ADDRESS
CITY-ST-ZIP
D
KEANE, JOHN C
200 ST. ANDREWS BOULEVARD, APT. 1308
WINTER PARK FL 32792

☐ Delete

TITLE
NAME
STREET ADDRESS
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90061 029 ***550.00



DO NOT WRITE IN THIS SPACE

0010874 AV

CR2E034 (5/01)

1st Sept 01 401-539-2488