

# 2002 UNIFORM BUSINESS REPORT (UBR)

0451329 AV

DOCUMENT # P98000042192

1. Entity Name  
J-MAYS MECHANICAL CONSTRUCTION, INC.

Principal Place of Business

1514-1/2 13TH ST. SO.  
ST. PETERSBURG FL 33705

Mailing Address

1514-1/2 13TH ST. SO.  
ST. PETERSBURG FL 33705

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 59-3472360

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

MAYS, JOSHUA JR  
1514-1/2 13TH ST. SO.  
ST. PETERSBURG FL 33705

Name

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

City

600005308826--0  
-04/19/02--01070--001  
\*\*\*\*158.6FL \*\*\*\*158.60

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's signature required when reinstating)

600005308826--0  
-04/19/02--01070--002  
\*\*\*\*\*0.15 \*\*\*\*\*0.15

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 P  
NAME MAYS, JOSHUA JR  
STREET ADDRESS 15141 2 13TH ST S  
CITY-ST-ZIP ST PETERBURG FL 33705

TITLE  
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-11-02 (727)895-4955

Date Daytime Phone #

CR2E034 (9/01)

FILED

02 APR 22 AM 9:14



SLOAN, J. L.  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE