

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90958 001 ***300.00

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1. Entity Name
CONCORDE GENERAL CONTRACTORS, INC.



Principal Place of Business
306 GLEN LYON DR
ORANGE PARK FL 32073

Mailing Address
P.O. BOX 57847
JACKSONVILLE FL 32241-7847

2. Principal Place of Business

8595 103RD STREET

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 57847

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

FL JACKSONVILLE FL

4. FEI Number

58-2416384

Applied For

Not Applicable

Zip
32210

Country
USA

Zip
32241-7847

Country
USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BARNES, JANET W
391-B CORPORATE WAY
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name

JANET W. BARNES

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

306 Glenlyon Drive

ORANGE PARK, FL

City

FL

Zip Code

32073

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Janet Barnes President*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
NAME
BARNES, JANET W
STREET ADDRESS
306 GLENLYON DR.
CITY-ST-ZIP
ORANGE FL 32073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT, OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)