

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

DOCUMENT # P98000097725	
1. Entity Name	
JOHN W. BOLEY CONSTRUCTION, INC.	

FILED
05 FEB 24 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3987 KARISSA ANN PLACE EAST		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State	
Zip 32223	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3541228	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOHN W BOLEY	
Street Address (P.O. Box Number is Not Acceptable) 3987 KARISSA ANN PLACE EAST	
City JACKSONVILLE	FL
Zip Code 32223	

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: *John W. Boley* JOHN W BOLEY **PRESIDENT** **1/15/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN W BOLEY 3987 KARISSA ANN PLACE EAST JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY RONALD A STIDHAM 3691 CAMERON CROSSING JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UNDER SECRETARY MICHEAL REES 3987 KARISSA ANN PL E JACKSONVILLE, FL 32223
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11.

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *John W. Boley* **PRESIDENT** *JOHN W. BOLEY* **1/15/05** 904/502/6082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #