

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **398000103820**
 1. Entity Name **BULLDOG CONSTRUCTION INC. OF JACKSONVILLE**

FILED
Jul 06, 2001 8:00 am
Secretary of State
 07-06-2001 90206 045 ***150.00

Principal Place of Business Mailing Address
142 SOLANO CAY CR. SAME
PONTE VEDRA FL. 32082

00000000

2. Principal Place of Business 3. Mailing Address
142 SOLANO CAY CIR
 Suite, Apt. #, etc. Suite, Apt. #, etc.
FL
FL
 City & State City & State
PONTE VEDRA Bch.
 Zip Country Zip Country
32082

DO NOT WRITE IN THIS SPACE

4. FEI Number **593544076** Applied For
 Not Applicable
 5. Certificate of Status Desired **NO.** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
 Name **ALLEN S. PAKSEN**
 Street Address (P.O. Box Number is Not Acceptable)
142 SOLANO CAY CIRCLE
 City **PONTE VEDRA** FL Zip Code **32082**

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 **ALLEN S. PAKSEN** DATE **06-20-01**
 (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN S. PAKSEN		NAME		
STREET ADDRESS	142 SOLANO CAY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA FL. 32082		CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES P. LEON		NAME		
STREET ADDRESS	836 9TH AVE NORTH		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL. 32250		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **ALLEN S. PAKSEN** DATE **06-20-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)