

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90444 020 ***150.00

DOCUMENT # **P99000002195**

1. Entity Name
J. R. E. GENEINI CONTRACTORS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3884 CYPRESS LAKE DR.
Suite, Apt. #, etc. **FL**

3. Mailing Address
3884 CYPRESS LAKE DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKELAND FL.
Zip **33467** Country **PA/MA BR/IN**

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Zip **33467** Country **PA/MA BR/IN**

4. FEL Number
65-0886111
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JUAN R. ECHEVARRIA**

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

3884 CYPRESS LAKE DR.

City **LAKELAND** **FL** Zip Code **33467**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JUAN R. ECHEVARRIA
3884 CYPRESS LAKE DR.
LAKELAND FL. 33467

TITLE
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IN THIS SPACE**

CR2E034B (12/01)

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #