

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043114

1. Entity Name

JAMES CONSTRUCTION, INC.

Principal Place of Business

RT. 1, BOX 1879F
HAVANA FL 32333

Mailing Address

RT. 1, BOX 1879F
HAVANA FL 32333-9714

2. Principal Place of Business

612 Scott Circle

Suite, Apt. #, etc.

3. Mailing Address

612 Scott Circle

Suite, Apt. #, etc.

City & State

Havana FL

City & State

Havana FL

Zip

32333

Country

Gradson

Zip

32333

Country

Gradson

4. FEI Number

59-3586712

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

JAMES, JEFF
RT. 1, BOX 1879F
HAVANA FL 32333

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 ☐ Delete
NAME President
STREET ADDRESS Jeffrey Paul James
CITY-ST-ZIP 612 Scott Circle
Havana FL, 32333

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Jeffrey Paul James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-2000 8505390118

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90112 023 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)