

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046159

1. Entity Name

J L & SONS CONSTRUCTION, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90057 047 ***150.00

Principal Place of Business

Mailing Address

1438 S.W. PATRICIA CAVE.
PORT ST. LUCIE FL 34953

1438 S.W. PATRICIA CAVE.
PORT ST. LUCIE FL 34953-4911

2. Principal Place of Business

1438 SW. Patricia Ave

3. Mailing Address

P.O. Box 707

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port St. Lucie FL

City & State

Jensen Beach Florida

4. FEI Number

65-0922392

Applied For

Not Applicable

Zip

34953

Country

USA

Zip

34958-0707

Country

USA

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

CIOFFI-BEERT, LISA ANN
1438 S.W. PATRICIA CAVE.
PORT ST. LUCIE FL 34953

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 **P** ☒ Delete
NAME **BEERT, JOSEPH A**
STREET ADDRESS **1438 S.W. PATRICIA CAVE.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34953**

TITLE **PS** ☒ Change ☐ Addition
NAME **Cioffi-Beert, Lisa Ann**
STREET ADDRESS **1438 S.W. Patricia Ave**
CITY-ST-ZIP **Port St. Lucie FL 34953**

TITLE **VST** ☒ Delete
NAME **CIOFFI-BEERT, LISA ANN**
STREET ADDRESS **1438 S.W. PATRICIA CAVE:**
CITY-ST-ZIP **PORT ST: LUCIE FL 34953**

TITLE **VT** ☒ Change ☐ Addition
NAME **Beert, Joseph A.**
STREET ADDRESS **1438 S.W. Patricia Ave**
CITY-ST-ZIP **Port St. Lucie FL 34953**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Lisa Ann Cioffi-Beert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa Ann Cioffi-Beert

1-5-2000

561 336-0830

Date

Daytime Phone #