

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90015 046 ***150.00

DOCUMENT # P99000052744

1. Entity Name

A. JURADO CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

**11205 MAKRIS DR. S.
 JACKSONVILLE FL 32225**

**11205 MAKRIS DR. S.
 JACKSONVILLE FL 32225-7615**

2. Principal Place of Business

3. Mailing Address

2015 Lem TURNER ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CALLAHAN FL

4. FEI Number

59-3592372

Applied For

Not Applicable

Zip

Country

Zip

Country

32011

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

**CAUDLE, FRAN
 4604-12 ATLANTIC BLVD.
 JACKSONVILLE FL 32207**

Name

FRAN'S TAX SERVICE INC

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

2015 LEM TURNER ROAD

City

CALLAHAN

FL

Zip Code
32011

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

Frances M. Caudle

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-7-00

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 **D JURADO, ANTONIO**
 STREET ADDRESS **11205 MAKRIS DR. S.**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Antonio Jurado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-00

Date

Daytime Phone #

CR2E034 (9/99)