

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070332

1. Entity Name

B & J EXCAVATION, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90167 002 ***150.00

Principal Place of Business

% JENNIFER CENTER
1163 THOMASVILLE CIRCLE
LAKELAND FL 33811-9401

Mailing Address

% JENNIFER CENTER
1163 THOMASVILLE CIRCLE
LAKELAND FL 33811-3401

2. Principal Place of Business

3035 PIONEER Circle
Suite, Apt. #, etc.

3. Mailing Address

3035 Pioneer Circle
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Pierce Florida

City & State

Fort Pierce Florida

4. FEI Number

59-3591576

Applied For

Not Applicable

Zip

34982-6161

Country

US

Zip

34982-6161

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CENTER, JENNIFER
1163 THOMASVILLE CIRCLE
LAKELAND FL 33811-9401

7. Name and Address of New Registered Agent

Name

CENTER, JENNIFER

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

3035 PIONEER CIRCLE

City

Fort Pierce

FL

Zip Code

34982-6161

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CENTER, JENNIFER	
STREET ADDRESS	1163 THOMASVILLE CIRCLE	
CITY-ST-ZIP	LAKELAND FL 33811-9401	
TITLE	D	<input type="checkbox"/> Delete
NAME	CENTER, WILLIAM	
STREET ADDRESS	1163 THOMASVILLE CIRCLE	
CITY-ST-ZIP	LAKELAND FL 33811-9401	
TITLE	out of business	<input type="checkbox"/> Delete
NAME	as of 12/31/99	
STREET ADDRESS	PC	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JENNIFER CENTER Jennifer Center

4/11/00

(561) 201-2873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)