

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90112 033 \*\*\*550.00

**DOCUMENT # P99000091380**

1. Entity Name

**T & D CONSTRUCTION OF JACKSONVILLE, INC.**

Principal Place of Business

**4371 WINDERGATE DRIVE  
 JACKSONVILLE FL 32223**

Mailing Address

**POST OFFICE BOX 24512  
 JACKSONVILLE FL 32241**

2. Principal Place of Business

**4231 SAN BERNADO**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**JACKSONVILLE, FL**

City & State

4. FEI Number

**59-3605334**

Applied For

Not Applicable

Zip

**32217**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHEFFIELD, J. HOWARD  
 4209 BAYMEADOWS ROAD  
 SUITE 4  
 JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent

Name **DAVID MILLER**

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

**4231 SAN BERNADO**

City

**JACKSONVILLE**

**FL**

Zip Code

**32217**

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

*David S. Miller*  
 Signature, typed or printed name of registered agent, and title if applicable.

**DAVID S. MILLER**

**8-8-2001**

(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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MILLER, DAVID SCOTT 4371 WINDERGATE DRIVE JACKSONVILLE FL 32223</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DECROSTA, THOMAS EDWARD 4371 WINDERGATE DRIVE JACKSONVILLE FL 32223</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SHIRLEY, DAWN MICHELLE 4371 WINDERGATE DRIVE JACKSONVILLE FL 32223</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DECROSTA, BETHANY E 4371 WINDERGATE DRIVE JACKSONVILLE FL 32223</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 an other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID S. MILLER** **8-8-2001** **904-591-5553**

Date

Daytime Phone #

CR2E034 (5/01)

0108821 AT