

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90235 014 ***150.00

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DOCUMENT # S17914

1. Entity Name
J.A.M. CONTRACTING SERVICE, INC.



Principal Place of Business
5405 NORTHWEST 102ND AVE
BAY 216
SUNRISE FL 33351

Mailing Address
5405 NORTHWEST 102ND AVE
BAY 216
SUNRISE FL 33351



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0233501**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ERCOLINO, JOHN
8043 BELLAFORE WAY
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	DELLA PENNA, MADALEEN	
STREET ADDRESS	304 TOWNY HOUSE VILLAGE	
CITY-ST-ZIP	HAUPPAUGE NY 11788	
TITLE	P	<input type="checkbox"/> Delete
NAME	DELLA PENNA, PATRICK	
STREET ADDRESS	304 TOWNY HOUSE VILLAGE	
CITY-ST-ZIP	HAUPPAUGE NY 11788	
TITLE	S	<input type="checkbox"/> Delete
NAME	DELLA PENNA, PAUL	
STREET ADDRESS	1335 WOODROW WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAPANELLI, ALYSSA	
STREET ADDRESS	1 HORSHOE LANE	
CITY-ST-ZIP	COMMACK NY 11725	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DELLA PENNA, MICHAEL	
STREET ADDRESS	17 HUNTINGTON RD.	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PAULONDELLEAPENNA-V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)