

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V01539

1. Entity Name

JERJEF CONSTRUCTION, INC.

FILED

Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90242 039 ***150.00

Principal Place of Business

1090 S.R. A1A
STE 212
SATELLITE BEACH FL 32937
US

Mailing Address

1090 S.R. A1A
STE 212
SATELLITE BEACH FL 32937
US

2. Principal Place of Business

2060 HIGHWAY A1A

Suite, Apt. #, etc.

SUITE 309

City & State

INDIAN HARBOR BEACH, FL

Zip

32937

Country

USA

3. Mailing Address

2060 HIGHWAY A1A

Suite, Apt. #, etc.

SUITE 309

City & State

INDIAN HARBOR BEACH, FL

Zip

32937

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3105717

Applied For

Not Applicable

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

FLEIS, EDWARD M.

1090 S.R. A1A

STE 212

SATELLITE BEACH FL 32937

Name

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

2060 HIGHWAY A1A

SUITE 309

City

INDIAN HARBOR BEACH FL

Zip Code

32937

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	FLEIS, EDWARD M.	
STREET ADDRESS	1090 SR A1A STE 212	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEIS, GERARD J.	
STREET ADDRESS	1090 SR A1A STE 212	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEIS, JEFFREY E.	
STREET ADDRESS	1090 DR A1A STE 212	
CITY-ST-ZIP	SATELLITE BEACH FL	
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		

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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)