

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91187 041 ***150.00

DOCUMENT # **V05806**

1. Entity Name

J & J MILLWORK, INC.

Principal Place of Business

Mailing Address

**200 NORTH HOLLY AVE.
 SANFORD, FL 32771**

SAME

2. Principal Place of Business

3. Mailing Address

**200 NORTH HOLLY AVENUE
 Suite, Apt. #, etc.**

**200 NORTH HOLLY AVENUE
 Suite, Apt. #, etc.**

City & State
SANFORD, FL

City & State
SANFORD, FLORIDA

Zip
32771

Country
Seminole

Zip
32771

Country
Seminole

4. FEI Number
59-3101554

Applied For
☒ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Jeff N. Clack
200 North Holly Avenue
Sanford, FL 32771

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.

SIGNATURE **Jeff N. Clack** **Jeff N. Clack** **5-14-01**
(Signature, typed or printed name of registered agent and title if applicable. (NOT 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, 2003 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 **Vice President** **XXXX Delete**
 NAME **Robert Cribbs** **Please Delete**
 STREET ADDRESS **226 19th St West**
 CITY-ST-ZIP **Sanford, FL 32771**

TITLE **Please delete this person from the list** ☐ Change ☐ Addition

TITLE **PT** ☐ Delete
 NAME **JEFF N. CLACK**
 STREET ADDRESS **1866 LONGWOOD-LAKE MARY ROAD**
 CITY-ST-ZIP **LONGWOOD, FL 32750**

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

TITLE **VP** ☐ Delete
 NAME **STEVEN C. LOVE**
 STREET ADDRESS **3236 FIELD CREST TERRACE**
 CITY-ST-ZIP **DELTONA, FL 32725**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **please change this address from the previous listing**
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **THEODORE KILGER**
 STREET ADDRESS **276 DUBLIN DRIVE**
 CITY-ST-ZIP **LAKE MARY, FL 32746**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Jeff N. Clack**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-01 **407-324-2331**
Date Daytime Phone #

CR2E034 (11/00)