

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State
 01-18-2000 90117 010 ***150.00

DOCUMENT # V69068

1. Entity Name

JESCO CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

5791 WEST SHORE DRIVE
 PORT RICHEY FL 34652

5791 WEST SHORE DRIVE
 NEW PORT RICHEY FL 33734-7430

2. Principal Place of Business

1741 BRIGHTWATERS BLVD NE
 Suite, Apt. #, etc.

3. Mailing Address

1741 BRIGHTWATERS BLVD NE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number
59-3146784

Applied For
 Not Applicable

Zip
33704-3815

Zip
33704-3815

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

LUKASON, KATHLEEN A
5791 WEST SHORE DRIVE
NEW PORT RICHEY FL 34652

NEW ADDRESS ONLY

Name
 Street Address (P.O. Box Number is Not Acceptable)
1741 BRIGHTWATERS BLVD. NE

City
St. Petersburg FL Zip Code
33704-3815

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 **KATHLEEN A. LUKASON** 1/6/00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LUKASON, KATHLEEN A 5791 WEST SHORE DRIVE NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete NEW ADDRESS ONLY
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1741 BRIGHTWATERS BLVD. NE St. Petersburg, FL 33704-3815	<input checked="" 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
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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 all other like empowered.

SIGNATURE: **KATHLEEN A. LUKASON** 1/6/00 727 894-2187
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)