

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000083965

FILED
Apr 23, 2003
Secretary of State

Entity Name: SJS CONSTRUCTION, INC.

Current Principal Place of Business:

541 PERMENTO AVE
JACKSONVILLE, FL 32221

New Principal Place of Business:

541 PERMENTO AVE
JACKSONVILLE, FL 32220

Current Mailing Address:

PO BOX 61206
JACKSONVILLE, FL 32236

New Mailing Address:

FEI Number: 59-3739277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLOWES, BORDEN R
541 PERMENTO AVE
JACKSONVILLE, FL 32221

Name and Address of New Registered Agent:

HALLOWES, BORDEN R
541 PERMENTO AVE
JACKSONVILLE, FL 32220

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: _____

04/23/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SNEED, SARA J
Address: 8210 SPENCERS TRACE DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: V () Delete
Name: REED, KEITH
Address: 2823 TANGLEWOOD BLVD.
City-St-Zip: ORANGE PARK, FL 32065

Title: T () Delete
Name: WADE, JOHN F III
Address: 961 GRAPE LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: S () Delete
Name: KELLY, MICHAEL A
Address: 195-A ROSCOE BLVD. SOUTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SNEAD, SARA J
Address: 8210 SPENCERS TRACE DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA J. SNEAD

PRES

04/23/2003

Electronic Signature of Signing Officer or Director

Date