

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02473

1. Entity Name

CAJUN CONTRACTORS, INC.

Principal Place of Business

Mailing Address

PO BOX 104
15131 AIRLINE HIGHWAY
BATON ROUGE LA 70821

15635 AIRLINE HWY
BATON ROUGE LA 70817-7318
US

2. Principal Place of Business

15635 Airline Highway

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 104

Suite, Apt. #, etc.

City & State

Baton Rouge LA

City & State

Baton Rouge LA

Zip

70817

Country

USA

Zip

70821-0104

Country

USA

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

4. FEI Number

72-0733546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME GRIGSBY, L. LANE
STREET ADDRESS 19145 W MUIRFIELD CIRCLE
CITY-ST-ZIP BATON ROUGE LA

TITLE P ☐ Delete
NAME JACOB, JOHN K
STREET ADDRESS 3381 E LAKESHORE DR
CITY-ST-ZIP BATON ROUGE LA 70808

TITLE EVPC ☐ Delete
NAME GRAUGHNARD, MILTON G.
STREET ADDRESS 12459 GOODWOOD BLVD.
CITY-ST-ZIP BATON ROUGE LA

TITLE D ☐ Delete
NAME SEXTON, R. GRAY
STREET ADDRESS 6513 PERKINS RD.
CITY-ST-ZIP BATON ROUGE LA

TITLE ST ☒ Delete
NAME JONES, MARYLYNN
STREET ADDRESS 632 CHARTER OAK
CITY-ST-ZIP BATON ROUGE LA 70810

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME ST
STREET ADDRESS Seth Dawson
CITY-ST-ZIP 6144 Hope Estates Drive
Baton Rouge LA 70820

TITLE ☐ Change ☐ 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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00

Date

225/753-5857

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90078 021 ****61.25



DO NOT WRITE IN THIS SPACE