2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 487566 Mar 04, 2000 8:00 am **Secretary of State** LARKIN CONTRACTING, INC. 03-04-2000 90095 026 ***150.00 Principal Place of Business Mailing Address 6001 N 50TH STREET 6001 N 50TH STREET TAMPA FL 33610 TAMPA FL 33610-4812 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1657922 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent _Name -LARKIN, PATRICK J. Street Address (P.O. Box Number is Not Acceptable) 6001 N. 50TH ST. **TAMPA FL 33610** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Change Addition **PDT** ☐ Delete LARKIN, PATRICK J. NAME LARKIN, PATRICK J 925 GUISANDO DE AVILA STREET ADDRESS STREET ADDRESS 3952 PENINSULAR DRIVE CITY-ST-ZIP TAMPA, FL 33613 CITY-ST-ZIP LAND O'LAKES FL 33549 ☐ Change ☐ Addition ☐ Delete TITLE TITLE **HUBER, TERRENCE M** NAME NAME STREET ADDRESS STREET ADDRESS 105 4TH ST NW CITY-ST-ZIP CITY-ST-ZIP RUSKIN FL 33570 VS FULCHER, KEVIN J. Change ☐ Addition ☐ Delete FULCHER, KEVIN-J-NAME: 10403 RIVERBURNDRIVE STREET ADDRESS STREET ADDRESS 12 BAYWOOD DRIVE CITY-ST-ZIP TAMPA, FL 33647 CITY-ST-ZIP PALM HARBOR FL 34683 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

2/28/00 8/3 621-0851