

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 487566

1. Entity Name

LARKIN CONTRACTING, INC.

Principal Place of Business

6001 N. 50TH STREET
TAMPA FL 33610

Mailing Address

6001 N 50TH STREET
TAMPA FL 33610

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LARKIN, PATRICK J.
6001 N. 50TH ST.
TAMPA FL 33610

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

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT LARKIN, PATRICK J 925 GUIRANDE DE AVILA TAMPA FL 33613	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUBER, TERRENCE M 105 4TH ST NW RUSKIN FL 33570	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FULCHER, KEVIN J 10403 RIVER BURN DRIVE TAMPA FL 33647	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT LARKIN, PATRICK J. 1101 AREVALO DE AVILA TAMPA FL 33613	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK J. LARKIN

Date

2/20/01

Daytime Phone #

813 621-0851

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90517 035 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)