FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # G23899** COUGLE CONSTRUCTION COMPANY 04-03-2001 90098 036 \*\*\*150.00 Principal Place of Business Mailing Address 2336 TOMOKA FARMS ROAD 2336 TOMOKA FARMS ROAD C/O BLAKE COUGLE C/O BLAKE COUGLE DAAMATITI DAYTONA BEACH FL 32124 DAYTONA BEACH FL 32124 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2324374 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COUGLE, BLAKE A. Street Address (P.O. Box Number is Not Acceptable) 2336 TOMOKA FARMS ROAD DAYTONA BEACH FL 32014 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) Change Addition TITLE. Delete TITLE COUGLE, BLAKE NAME NAME STREET ADDRESS 2336 TOMOKA FARMS ROAD STREET ADDRESS CITY-ST-ZIP DAYTONA BCH, FL 00000 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

BLAKE COUGLE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WANTE OF SIGNING PFICER OR DIRECTOR

3-23-01

255-2254

Daytime Phone #