

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90024 019 ***150.00

DOCUMENT # M60353

1. Entity Name

SCHARNAGL CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

SCHARNAGL CONSTRUCTION, INC.
 10755 SW 190TH STREET, BAY 54
 MIAMI FL 33157
 US

SCHARNAGL CONSTRUCTION, INC.
 10755 SW 190TH STREET, BAY 54
 MIAMI FL 33157-7635
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0008354

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHARNAGL, ROBERT
10755 SW 190TH STREET
BAY 54
MIAMI FL 33157

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T Delete
 NAME **SCHARNAGL, ROBERT**
 STREET ADDRESS **13001 S.W. 106 ST.**
 CITY-ST-ZIP **MIAMI FL 33186**

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

S Delete
 NAME **SCHARNAGL, TIMOTHY**
 STREET ADDRESS **28105 S.W. 168TH CT.**
 CITY-ST-ZIP **HOMESTEAD FL 33030**

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

Delete
 TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

Change Addition
 TITLE _____
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Change Addition
 TITLE _____
 NAME _____
 STREET ADDRESS _____
 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.

SIGNATURE: *Robert Scharnagl* **ROBERT SCHARNAGL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-00 - 305-235-8174

Date

Daytime Phone #

CFR2E034 (9/99)