

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

0251970 AV

**DOCUMENT # M60353**

1. Entity Name  
**SCHARNAGL CONSTRUCTION, INC.**

02-21-2002 90020 015 \*\*\*150.00

Principal Place of Business  
**SCHARNAGL CONSTRUCTION, INC.**  
**10755 SW 190TH STREET, BAY 54**  
**MIAMI FL 33157**  
**US**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0008354**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (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, 2002 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SCHARNAGL, ROBERT</b>	
STREET ADDRESS	<b>13001 S.W. 106 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SCHARNAGL, TIMOTHY</b>	
STREET ADDRESS	<b>28105 S.W. 168TH CT.</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	
TITLE	--	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-02  
 Date

305-235-9174  
 Daytime Phone #

CR2E034 (9/01)