

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT -7 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800023621038
10/07/03--01057--022 **150.00

REINSTATEMENT 03
(DO NOT WRITE IN THIS SPACE)

DOCUMENT # 002000099778	
1. Entity Name Covenant Contracting INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 Industrial Circle Suite, Apt. #, etc.	3. Mailing Address PO BOX 70 Suite, Apt. #, etc.
City & State Sebasti, FL	City & State Winter Beach, FL
Zip 32958	Country USA
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Zip 32958	Country USA

4. FEI Number	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	GREG CASALINO
Street Address (P.O. Box Number is Not Acceptable)	3111 CARDINAL DRIVE
City	Vero Beach
FL	Zip Code 32963

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DPT Gary Rax PO BOX 70 Winter Beach, FL 32971	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP DVS Carmella Rax PO BOX 70 Winter Beach, FL 32971	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other fee empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034B (12/02)

2010/10/10

Memo

To: State of Florida
From: Gary Roux
CC: C. Roux
Date: October 1, 2003
Re: Annual report

Enclosed is our annual report and a check for \$150.00. Please note the address for mailing. Although the "Industrial Circle" address is a physical location I do not receive mail at this address. I assume that is why I am late in getting this report back to you. Thank you for your assistance in remedying this matter. Please call me at 772-633-2420 if needed.

Kindest regards,



Gary Roux