2000 UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2000 8:00 am Secretary of State DOCUMENT # **P96000033361** CENTRAL FLORIDA TAPPING AND CONSTRUCTION SERVICE 01-29-2000 90099 014 ***150.00 Principal Place of Business Mailing Address 990 MILLER DRIVE P.O. BOX 1279 (40101 ALTAMONT SPRINGS FL 32707 · LONGWOOD FL 21752 3. Mailing Address 2. Principal Place of Business 1279 38 W. Marvin Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE -110-Applied For City & State City & State 4. FEI Number 59-3374492 Not Accidential 009 W 000 0245m000 Country \$8.75 Additional 5., Certificate of Status Desired Fee Required minole 32750-1279 Jeminole 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BULLINGTON, RICHARD E** Street Address (P.O. Box Number is Not Acceptable) **578 RIDGELINE RUN** LONGWOOD FL 32750 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Change TITLE Delete TITLE NAME **BULLINGTON, RICHARD E** NAME STREET ADDRESS STREET ADDRESS **578 RIDGELINE RUN** CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 Addition Change Delete TITLE NAME WARD, ROY G NAME STREET ADDRESS STREET ADDRESS 5612 DUNPATH LN. CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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

FILED

SIGNATURE: Richard E. Bulling TON 1-25-00 407-834-8271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

Date

Date

Date

Date

Description Priorie #

changed, or on an attachment with an address, with all other like empowered