

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90072 006 ***150.00

DOCUMENT # **996000090215**
 1. Entity Name
STARS & STRIPES CONSTRUCTION, INC.

Principal Place of Business
5529 CONROY ROAD #4
ORLANDO, FL. 32811-3635

Mailing Address
5529 CONROY ROAD #4
ORLANDO, FL. 32811-3635

2. Principal Place of Business
5529 CONROY ROAD

3. Mailing Address
5529 CONROY ROAD

Suite, Apt. #, etc.
#4

Suite, Apt. #, etc.
4

City & State
ORLANDO, FL

City & State
ORLANDO, FL.

Zip
32811-3635

Country
U.S.A.

Zip
32811-3635

Country
U.S.A.

00040680

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3412877

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
JOSEPH E. DESROSIERS
5529 CONROY ROAD #4
ORLANDO, FL. 32811-3635

7. Name and Address of New Registered Agent

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, 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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT JOSEPH E. DESROSIERS 5529 CONROY ROAD #4 ORLANDO, FL. 32811-3635 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY GREGORY S. MUNDY 526 COCOA LANE ORLANDO, FL. 32804 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Joseph E. Desrosiers **JOSEPH E. DESROSIERS** 4/24/00 407-294-7415
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR/E034 (9/99)