## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # P99000009140 Mar 06, 2000 8:00 am **Secretary of State** O & S CONSTRUCTION, INC. 03-06-2000 90049 002 \*\*\*150.00 Mailing Address Principal Place of Business 6730 CRESCENT LAKE DRIVE 6730 CRESCENT LAKE DRIVE LAKELAND FL 33813-4646 LAKELAND FL 33813 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OLIVERA, FELIPE LUIS Street Address (P.O. Box Number is Not Acceptable) 3587 RAINTREE LANE LAKELAND FL 33803 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. 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 filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TIT! F President - PD TITLE ☐ Delete OLIVERA, FELIPE LUIS NAME OLIVERA, PEUPE JOSE NAME STREET ADDRESS STREET ADDRESS 3587 RAINTREE LANE 39 CRESCENTLANE DEWE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 METANO, PL 3 ☐ Addition ☐ Delete TITLE WERA FEUPE LUIS 187 PAINTREE LANE STANGL, ALEJANDRO R NAME NAME STREET ADDRESS 6730 CRESENT LAKE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 LAKELANDIA 33803 SECRETARY - 50 OLIVERA, MAGDALINE Addition Detete TITLE Change TITLE STANGL, ALICIA ELENA NAME NAME **6730 CRESENT LAKE DRIVE** STREET ADDRESS STREET ADDRESS 3581 RAINTRUE LANE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 LAKELAND, FL Addition ☐ Delete TITLE Change TITLE OLIVERA, FELIPE JOSE NAME STREET ADDRESS 6739 CRESENT LAKE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF LAKELAND FL 33813 Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE **PMAN** NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 acceptate 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.