

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000009140**1. Entity Name
O & S CONSTRUCTION, INC.**FILED**
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90358 043 ***150.00

Principal Place of Business
6730 CRESCENT LAKE DRIVE
LAKELAND FL 33813Mailing Address
6730 CRESCENT LAKE DRIVE
LAKELAND FL 33813

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3550105**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIVERA, FELIPE LUIS
3587 RAIN TREE LANE
LAKELAND FL 33803

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Felipe L. Olivera Vice President 2/8/2001

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	PD	☒ Delete
NAME	OLIVERA, FELIPE LUIS	
STREET ADDRESS	6739 CRESCENTE LAKE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VD	☐ Delete
NAME	STANGL, ALEJANDRO R	
STREET ADDRESS	6730 CRESENT LAKE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	TD	☐ Delete
NAME	STANGL, ALICIA ELENA	
STREET ADDRESS	6730 CRESENT LAKE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	SD	☐ Delete
NAME	OLIVERA, FELIPE JOSE	
STREET ADDRESS	6739 CRESENT LAKE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VD	☐ Delete
NAME	OLIVERA, FELIPE L	
STREET ADDRESS	3587 RAIN TREE LANE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	SD	☐ Delete
NAME	OLIVERA, MAGDALINE	
STREET ADDRESS	3587 RAIN TREE LANE	
CITY-ST-ZIP	LAKELAND FL 33803	

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PD ☒ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	995 Osprey Landing Drive
CITY-ST-ZIP	Lakeland, FL 33813
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	995 Osprey Landing Drive
CITY-ST-ZIP	Lakeland, FL 33813

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/2001 803 644-7844

CR2E034 (10/00)