

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90073 038 \*\*\*150.00

**DOCUMENT # 268477**

1. Entity Name

**COURTELIS CONSTRUCTION COMPANY**



Principal Place of Business

**701 BRICKELL AVENUE  
SUITE 1400  
MIAMI FL 33131-2822**

Mailing Address

**701 BRICKELL AVENUE  
SUITE 1400  
MIAMI FL 33131-2822**

**24022003**



MOORE CR2E034 (11/03)

2. Principal Place of Business

**703 Waterford Way**

3. Mailing Address

**703 Waterford Way**

Suite, Apt. #, etc.

**Suite 800**

Suite, Apt. #, etc.

**Suite 800**

City & State

**Miami, FL**

City & State

**Miami, FL**

4. FEI Number

**59-1004279**

Applied For

Not Applicable

Zip

**33126**

Country

Zip

**33126**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PITTS, W. DOUGLAS  
701 BRICKELL AVENUE  
SUITE 1400  
MIAMI FL 33131-2822**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**703 Waterford Way**

**Suite 800**

City

**Miami**

**FL**

Zip Code

**33126**

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

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**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME	EVPD VASSILAROS, ELIAS	<input type="checkbox"/> Delete
STREET ADDRESS	701 BRICKELL AVENUE, #1400	
CITY-ST-ZIP	MIAMI FL 33131-2822	
TITLE NAME	CD PITTS, W. DOUGLAS	<input type="checkbox"/> Delete
STREET ADDRESS	701 BRICKELL AVE, SUITE 1400	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	VD COURTELIS, KIKI L	<input type="checkbox"/> Delete
STREET ADDRESS	701 BRICKELL AVE, SUITE 1400	
CITY-ST-ZIP	MIAMI FL 33131-2822	
TITLE NAME	S STOSIK, VICTOR L	<input type="checkbox"/> Delete
STREET ADDRESS	701 BRICKELL AVE, SUITE 1400	
CITY-ST-ZIP	MIAMI FL 33131-2822	
TITLE NAME	TD PRIDGEN, DOUGLAS	<input type="checkbox"/> Delete
STREET ADDRESS	701 BRICKELL AVE, SUITE 1400	
CITY-ST-ZIP	MIAMI FL 33131-2822	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	703 Waterford Way, Suite 800	
CITY-ST-ZIP	Miami, FL 33126	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	703 Waterford Way, Suite 800	
CITY-ST-ZIP	Miami, FL 33126	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	703 Waterford Way, Suite 800	
CITY-ST-ZIP	Miami, FL 33126	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	703 Waterford Way, Suite 800	
CITY-ST-ZIP	Miami, FL 33126	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Douglas H. Pridgen* Treasurer

3/3/04

305-261-4330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #