

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90047 008 \*\*\*150.00

**DOCUMENT # 329236**

**1. Entity Name**  
**TIDEWAY CONSTRUCTION CO INC**

**Principal Place of Business**      **Mailing Address**  
**1250 OLD DIXIE HWY**      **1250 OLD DIXIE HWY**  
**LAKE PARK FL 33403**      **LAKE PARK FL 33403**

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**      **59-1216435**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**UVANILE, EUGENE**  
**3140 AVE A**  
**RIVIERA BEACH FL 33404**

**7. Name and Address of New Registered Agent**

**Name**      **UVANILE, JOSEPH**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1250 OLD DIXIE HWY**  
**City**      **LAKE PARK**      **FL**      **Zip Code**      **33403**

**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**      *Joseph Uvanile*      **JOSEPH UVANILE**      **MARCH 28, 2002**

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

(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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**      ☐      **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PD</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>UVANILE, EUGENE</b>	
<b>STREET ADDRESS</b>	<b>3140 AVE A</b>	
<b>CITY-ST-ZIP</b>	<b>RIVIERA BEACH FL</b>	
<b>TITLE</b>	<b>VS</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BASTIEN, DENNIS L.</b>	
<b>STREET ADDRESS</b>	<b>455 FORESTERIA DR.</b>	
<b>CITY-ST-ZIP</b>	<b>LAKE PARK FL</b>	
<b>TITLE</b>	<b>V</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>UVANILE, JOSEPH</b>	
<b>STREET ADDRESS</b>	<b>1250 OLD DIXIE HWY.</b>	
<b>CITY-ST-ZIP</b>	<b>LAKE PARK FL</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Joseph Uvanile</b>	
<b>STREET ADDRESS</b>	<b>1250 OLD DIXIE HWY</b>	
<b>CITY-ST-ZIP</b>	<b>LAKE PARK, FL 33403</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 Uvanile*      **JOSEPH UVANILE**      **MARCH 28, 2002**      **561-848-0697**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)