

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 344999

1. Entity Name
SCARBOROUGH CONSTRUCTORS, INC.

Principal Place of Business
S.R. #54 & SCARBOROUGH DR
LUTZ FL 33549
US

Mailing Address
PO BOX 7078
WESLEY CHAPEL FL 33543
US

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 59-1262251

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

STROHAUER, GARY N
1150 CLEVELAND STREET, SUITE 450-300
CLEARWATER FL 33755

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

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 State

10. 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 VP
NAME FELICE, DAVID M
STREET ADDRESS 4258 GOLF CLUB LANE
CITY-ST-ZIP TAMPA FL ☒ Delete

TITLE VP
NAME JOHN E FESS
STREET ADDRESS 4248 FORESTER LANE
CITY-ST-ZIP TAMPA FL 33624 ☐ Change ☒ Addition

TITLE P
NAME BURCAW, FREDERICK H
STREET ADDRESS 1487 STURBRIDGE CT.
CITY-ST-ZIP DUNEDIN FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME SUTTON, DARLENE S
STREET ADDRESS 1122 TIMBER TRACE DR.
CITY-ST-ZIP WESLEY CHAPEL FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/11/01 813
Daytime Phone # 973-7553

CR2E034 (10/00)

FILED
Feb 08, 2001 8:00 am
Secretary of State
02-08-2001 90459 021 ***158.75



DO NOT WRITE IN THIS SPACE