2002 Uniform Business Report (UBR)

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # 435869 1. Entity Name 04-09-2002 90048 021 ***158.75 R.E. PURCELL CONSTRUCTION CO., INC. Principal Place of Business Mailing Address 1200 S PINEIIAS AVE #10 1200 S PINEIIAS AVE #10 **TARPON SPRINGS FL 34689** TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1488185 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PURCELL, RAYMOND Street Address (P.O. Box Number is Not Acceptable) 1200 S PINEIIAS AVE #10 TARPON SPRINGS FL 34689 City Zip Code 82 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME PURCELL, CAROLYN STREET ADDRESS STREET ADDRESS 1200 S PINEIIAS AVE #10 CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME PETERSON, BRADLEY B STREET ADDRESS STREET ADDRESS 1200 S PINEIIAS AVE CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Change ☐ Addition TITI F TITLE _□ Delete NAME NAME PURCELL, RAYMOND STREET ADDRESS STREET ADDRESS 1200 S PINEIIAS AVE #10 CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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

SIGNATURE:

changed, or on an attachment with an address, with all others

Daytime Phone #