

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 447214

1. Entity Name

ROSTEL CONSTRUCTION, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90070 009 ***150.00

Principal Place of Business

12711 BUCKEYE DR.
P.O. BOX 5422
HUDSON FL 34669

Mailing Address

PO BOX 5422
P.O. BOX 5422
HUDSON FL 34674-5422
US

2. Principal Place of Business

17559 SR 52

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Land O'Lakes FL.

City & State

4. FEI Number

59-1539594

Applied For

Not Applicable

Zip

Country

Zip

Country

34639

USA

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

ROSTEL, PETER A
12711 BUCKEYE DR
HUDSON FL 34669

17559 SR 52
Land O'Lakes, FL.
34639

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, 2000 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	PV	<input type="checkbox"/> Delete
NAME	ROSTEL, PETER A	
STREET ADDRESS	12711 BUCKEYE DR	
CITY-ST-ZIP	HUDSON FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROSTEL, DEBI L	
STREET ADDRESS	12711 BUCKEYE DR	
CITY-ST-ZIP	HUDSON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Rostel, Peter A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17559 SR 52	
STREET ADDRESS	Land O'Lakes FL.	
CITY-ST-ZIP	34639	
TITLE	ST Rostel, Debi L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17559 SR 52	
STREET ADDRESS	Land O'Lakes, FL.	
CITY-ST-ZIP	34639	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Debi Rostel Debi Rostel

4-30-00

Date

813-996-9777

Daytime Phone #

CR2E034 (9/99)