

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

045637  
AV

DOCUMENT # 488402

1. Entity Name  
THF CONSTRUCTION, INC.



FILED

03 JUL -8 PM 3:01

SECRETARY OF STATE



Principal Place of Business  
550 NORTH REO STREET  
STE 300  
TAMPA FL 33609  
US

Mailing Address  
550 NORTH REO STREET  
STE 300  
TAMPA FL 33609  
US

2. Principal Place of Business

5421 BEAUMONT CENTER BLVD

3. Mailing Address

5421 BEAUMONT CENTER BLVD

Suite, Apt. #, etc.

611

Suite, Apt. #, etc.

611

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33634

Country

HILLSBOROUGH

Zip

33634

Country

HILLSBOROUGH

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1630749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

900021352359

City

07/07/03 01000 004 \*\*550.00  
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. 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, 2003 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 DPTS ☐ Delete  
NAME BENNETT, STEPHEN M  
STREET ADDRESS 550 N REO ST, STE 300  
CITY-ST-ZIP TAMPA FL 33609

TITLE DC ☐ Delete  
NAME FISON, DAVID  
STREET ADDRESS 550 N REO ST., STE 300  
CITY-ST-ZIP TAMPA FL 33609

TITLE D ☐ Delete  
NAME KEEHAN, JOHN  
STREET ADDRESS 550 N REO STREET, STE 300  
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5421 BEAUMONT CENTER BLVD, SUITE 611  
CITY-ST-ZIP TAMPA, FL 33634

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5421 BEAUMONT CENTER BLVD, SUITE 611  
CITY-ST-ZIP TAMPA, FL 33634

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

TITLE ☐ Change ☐ Addition  
NAME  
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: W. Jones SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/03  
Date

(813) 886-2888  
Daytime Phone #

CR2E034 (10/02)