

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 537990

1. Entity Name

GEORGE CULVERHOUSE CONSTRUCTION, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90397 004 ***150.00

Principal Place of Business

Mailing Address

~~1599 SW 30TH AVENUE~~
~~STE 11~~
~~BOYNTON BEACH FL 33426-9054~~
~~US~~

~~1599 SW 30TH AVENUE~~
~~STE 11~~
~~BOYNTON BEACH FL 33426-9054~~
~~US~~

00046147



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1330 SW 26TH AVE.

3. Mailing Address

1330 SW 26TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number

59-1749387

Applied For

Not Applicable

Zip

33426

Country

FLORIDA

Zip

33426

Country

FLORIDA

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

PAINTER, JAMES M.

1300 N FEDERAL HWY STE 110

BOCA RATON FL 33432

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	PTD	<input checked="" type="checkbox"/> Delete
NAME	CULVERHOUSE, GEORGE	
STREET ADDRESS	1599 SW 30TH AVENUE	
CITY-ST-ZIP	RIVIERA BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PAINTER, JAMES M.	
STREET ADDRESS	1300 N FEDERAL HWY #110	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CULVERHOUSE, GLORIA	
STREET ADDRESS	1330 SW 26TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
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: *Gloria Culverhouse*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLORIA CULVERHOUSE
PRESIDENT

04-23-2001 (561) 734-4738

Date

Daytime Phone #

CR2E034 (10/00)