## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 24, 2001 8:00 am **DOCUMENT # 569318 Secretary of State** DUBECK CONSTRUCTION, INC. 01-24-2001 90014 046 \*\*\*150.00 Principal Place of Business Mailing Address 5533 WINDRIFT LANE 5533 WINDRIFT LANE BOCA RATON FL 33433 **BOCA RATON FL 33433** 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 59-1823808 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POLITIS, JOHN Street Address (P.O. Box Number is Not Acceptable) 5533 WINDRIFT LANE **BOCA RATON FL 33433** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Addition TITLE ☐ Delete TITLE ☐ Change POLITIS, JOHN NAME NAME STREET ADDRESS 5533 WINDRIFT LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE Delete TITLE ☐ Addition ☐ Change POLITIS, JO NAME NAME STREET ADDRESS 5533 WINDRIFT LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **BOCA RATON FL** TITLE ☐ Addition TITLE ☐ Change ☐ Delete POLITIS, JAMES NAME NAME STREET ADDRESS 5533 WINDRIFT LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE ☐ Delete TITLE ☐ Change Addition POLITIS. AMANDA STREET ADDRESS 5533 WINDRIFT LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

Delete

☐ Change

☐ Addition