

2001 UNIFORM BUSINESS REPORT (UBR)

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0082007

DOCUMENT # 607283

1. Entity Name

THREE RIVERS CONSTRUCTION, INC.

Principal Place of Business

1114 SEMINOLE DR.
INDIAN HARBOUR BEACH FL 32937

Mailing Address

1114 SEMINOLE DR.
INDIAN HARBOUR BEACH FL 32937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1874233

Applied For

Not Applicable

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

CORTNER, CARL W
1114 SEMINOLE DR.
INDIAN HARBOUR BEACH FL 32937

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.

(NOT

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 PD ☐ Delete
NAME CORTNER, CARL W
STREET ADDRESS 1114 SEMINOLE DR.
CITY-ST-ZIP INDIAN HARBOUR BC FL

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

TITLE ST ☐ Delete
NAME CORTNER, ADA M
STREET ADDRESS 1114 SEMINOLE DR.
CITY-ST-ZIP INDIAN HARBOUR BC FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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 empowers.

SIGNATURE: *Carl W. Cortner* POA for

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl W. Cortner April 15, 2001 (321) 773-1411

Date

Daytime Phone #

DO NOT WRITE IN THIS SPACE



FILED

01 APR 26 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (10/00)

DURABLE POWER OF ATTORNEY

On the 4th day of October, 2000, I, CARL W. CORTNER, social security number 317-30-1088, of Brevard County, Florida, ("Principal") appoint my spouse, ADA M. CORTNER, as my "Attorney-in-Fact." My Attorney-in-Fact shall serve as follows:

ARTICLE I **DURABILITY**

Pursuant to Florida Statute 709.08, this power of attorney shall not terminate on my disability, and my Attorney-in-Fact shall continue to be able to exercise any power or authority I have given herein, notwithstanding my subsequent disability, incompetence, or incapacity.

ARTICLE II **MY ATTORNEY-IN-FACT'S POWERS**

My Attorney-in-Fact shall have complete authority to manage and control all of my property and my affairs, including (but not limited to) the following powers:

A. To maintain any financial accounts, including (but not limited to) any checking, savings, money market, certificates of deposit, brokerage or credit union accounts presently in my name, and to establish new financial accounts in my name, and to deposit money into, withdraw money from, and draw checks on these accounts.

B. To receive, endorse, and collect any currency or commercial paper, including (but not limited to) any checks or drafts payable to me.

C. To invest and reinvest any or all of my funds in any type of investment, including (but not limited to) corporate obligations of every kind, preferred or common stocks, securities of any regulated investment trust, or partnership interests.

D. To move any of my property to any place, whether or not within the United States.

E. To sell or otherwise transfer any of my property, real, personal, or mixed, tangible or intangible, on such terms and conditions as my Attorney-in-Fact deems advisable, and to execute any instruments and give any warranties or indemnifications that my Attorney-in-Fact deems useful in effecting such sale or transfer.

F. To participate in the operation of any business or other enterprise, including voting any stock, and to incorporate, dissolve, or otherwise change the form of such business.

G. To borrow and lend money on such terms, including (but not limited to) interest rates, security, and loan duration, as my Attorney-in-Fact deems advisable.

H. To apply for and own any policies of insurance on my life, on any of my property, and against any liabilities or damages my Attorney-in-Fact deems advisable, to pay any premiums or other charges required to maintain such policies, and to exercise any incident of ownership over such policies, including (but not limited to) any right to change beneficiaries, cancel the policy, borrow against any cash values, or make any elections with respect to the policies.

I. To improve, develop, manage, lease, or abandon any of my property.

J. To hold any of my property in the name of any trustee, custodian or nominee, without disclosing this relationship, but my Attorney-in-Fact will be responsible for the acts of any such trustee, custodian or nominee.

K. To apply for or transfer any certificate of title on any motor vehicle and to represent that such vehicle is free and clear of all liens and encumbrances not otherwise noted in the transfer documents.

L. To prosecute or defend any action for my protection or that of my property, or both, and to pay, contest, or settle any claim by or against me.

M. To employ persons, such as legal counsel, accountants or appraisers to assist my Attorney-in-Fact in the performance of its duty as my Attorney-in-Fact.

N. To prepare, sign, and file any returns of tax, refund claims, requests for extension of time to file or pay, petition to any court with respect to any tax, offers, waivers, consents, powers of Attorney, and other documents relating to any type of federal, state, local, or foreign tax, and to execute any elections I may have under any such tax laws. I waive any privileges I may have against disclosure of any confidential tax information to my Attorney-in-Fact.

O. To receive from any physicians, surgeons, or their employees or agents, any privileged or confidential medical information regarding me, and to waive on my behalf any physician-patient or other privilege, if my Attorney-in-Fact deems it advisable for any reason.

P. To consent to any medical or surgical treatment for me, regardless of whether I am disabled. No physician, hospital, or their agent or employee will be liable to me or my estate for recognizing this power I have granted my Attorney-in-Fact.

Q. To give to my spouse any amount of my property including (but not limited to), any cash, securities, life insurance policies, and real property, to the extent needed for my spouse's health, education, support, or maintenance, and to give annually, for any purpose, amounts equal to the annual federal gift tax exclusion (presently ten thousand dollars (\$10,000) per donee, under Internal Revenue Code Section 2503(b)), or twice this amount if my spouse agrees to be treated as having made one-half of such gifts. All such gifts may be made outright, in trust, or to any legal guardian or custodian under any applicable Uniform Transfer to Minors Act, as my Attorney-in-Fact deems appropriate.

R. To disclaim all or part of any transfers of property to me, if my Attorney-in-Fact deems it probable that no gift taxes will be imposed on me on account of such disclaimer.

S. To enter my existing safe-deposit boxes, close them out, and open any new safe-deposit boxes in my name.

T. To do any other thing which my Attorney-in-Fact deems advisable, necessary, or desirable for the management of my affairs or for my health, comfort, or welfare.

ARTICLE III REAL PROPERTY

This power of attorney relates to and gives my Attorney-in-Fact the power to manage, deal, lease and convey all of my real property (including my homestead) and all fixtures attached thereto and all personal property used in connection therewith, and all policies of casualty insurance on such real property.

ARTICLE IV REVOCATION OF POWER

This power may be revoked by me at any time by a written instrument. However, all persons and entities shall recognize my Attorney-in-Fact's authority to manage my affairs and transact my business as my Attorney-in-Fact until actual receipt (or constructive receipt by recorded document in my county of residence) of a written notice of revocation. No person or entity shall be liable to me or my estate in any way for any losses resulting from his or her good-faith recognition of my Attorney-in-Fact's authority prior to having received a written notice of revocation.

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**ARTICLE V
MISCELLANEOUS**

1. This power of attorney shall be governed by and construed according to the laws of the State of Florida.

2. Any person or entity may rely fully and completely on the original of this power of attorney or a certified true copy of the original power of attorney.

3. Anyone who buys any of my property from my Attorney-in-Fact is not obligated to see to the application of the purchase money or other consideration paid for such property.

IN WITNESS WHEREOF, I have executed this Durable Power of Attorney in the presence of the witnesses the date and year first above written.

Susan Romano
Witness
Print Name: Susan Romano

Carl W. Cortner
CARL W. CORTNER

Phyllis I. Pawl
Witness
Print Name: Phyllis I. Pawl

**STATE OF FLORIDA
COUNTY OF BREVARD**

The foregoing instrument was sworn to (or affirmed) and subscribed before me by CARL W. CORTNER, in the presence of the witnesses, this 4th day of October, 2000.

Victor S. Kostro
(Signature of Notary Public)



VICTOR S. KOSTRO
My Commission Expires
JUNE 14, 2003
Comm. No CC837735

(Print, type or stamp Commissioned
Name of Notary Public)

Personally Known ☒ OR Produced Identification _____
Type of Identification: Florida Driver's License _____
Other ID _____

N:\PHYLLIS\PEP00\CORTNE-C.PAW

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LAW OFFICES

REINMAN MATHESON KOSTRO & VAUGHAN

1825 RIVERVIEW DRIVE

A PROFESSIONAL ASSOCIATION
(21) 768-2001

MELBOURNE, FL 32901