

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 655033**

1. Entity Name

KINGSWAY CONSTRUCTION, INC.**FILED**
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90101 048 ***150.00

0390631

Principal Place of Business
1100 ARCHER ST
PORT CHARLOTTE FL 33952

Mailing Address
PO BOX 381261
MURDOCK FL 33938

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1100 Archer St.
Suite, Apt. #, etc.

City & State
Port Charlotte FL

Zip
33952

Country
FL



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1976837**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CONARD, THOMAS M
1100 ARCHER ST
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | P/D CONARD, THOMAS M 1100 ARCHER ST PORT CHARLOTTE FL 33952 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **Thomas M. Conard - Thomas M. Conard, Pres. 4-10-01 941-629-0838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)