

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 686066

1. Entity Name

ARBOUR CONSTRUCTION COMPANY, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90017 026 ***150.00

Principal Place of Business

Mailing Address

8140 SW 106TH PL
OCALA FL 34481
US

8140 SW 106TH PL
OCALA FL 34481-9137
US

2. Principal Place of Business

8062 SW 107 Place
Suite, Apt. #, etc.

3. Mailing Address

8062 SW 107 Place
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number

59-2026197

Applied For

Not Applicable

Zip

34481

Country

USA

Zip

34481

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, LOUIS A.
8140 SW 106TH PL
OCALA FL 34481

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

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, 2000 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

TITLE DP
NAME MOORE, LOUIS A
STREET ADDRESS 8140 SW 106TH PL
CITY-ST-ZIP Ocala FL 34481 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: *L.A. Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis A. Moore

Date

3-14-2000

Daytime Phone #

352-861-9496

CR2E034 9/99