

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90093 020 ***158.75

DOCUMENT # 689117

1. Entity Name

VAN PORTFLEET CONSTRUCTION, INCORPORATED

Principal Place of Business

Mailing Address

1321-B SOUTH KILLIAN DRIVE
 LAKE PARK FL 33403

1321-B SOUTH KILLIAN DRIVE
 LAKE PARK FL 33403-1918

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

59-2029891

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN PORTFLEET, GARY
9239 W. HIGHLAND PINES DR.
PALM BEACH GARDENS 33418

Name *Gary Van Portfleet*

Street Address (P.O. Box Number is Not Acceptable)

123 Faith Way - Sims Cay

City *Jupiter*

FL

Zip Code *33458*

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 *Gary VANPORTFLEET Gary Van Portfleet*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	VAN PORTFLEET, GARY	9239 W. HIGHLAND PINES DRIVE	PALM BCH GARDENS FL	<input type="checkbox"/>
ST	VAN PORTFLEET, KIM E.	9239 W. HIGHLAND PINES DRIVE	PALM BCH GARDENS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<i>123 Faith Way - Sims Cay</i>	<i>Jupiter, FL 33458</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<i>123 Faith Way - Sims Cay</i>	<i>Jupiter, FL 33458</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Kim Van Portfleet*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

see/nas 3/6/00
 Date

561 - 842-5275
 Daytime Phone #

CFR2E034 (9/99)