2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2029891

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
VAN PORTFLEET, GARY 123 FAITHWAY, SIMS CAY JUPITER FL 33458	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE: P NAME: VAN PORTFLEET, GARY STREET ADDRESS: 123 FAITH WAY SIMS CAY CITY-ST-ZIP: JUPITER FL 33458	☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change	☐ Addition	
TITLE: ST NAME: VAN-PORTFLEET, KIM E. STREET ADDRESS: 123 FAITH WAY SIMS CAY CITY-ST-ZIP: JUPITER FL 33458	☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change	☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change	☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change	☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change	☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change	☐ Addition	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Kim E. Van Portfleet_   1/6/03   561 842 5275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #