

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jun 30, 2000 8:00 am**  
**Secretary of State**

06-30-2000 90005 033 \*\*\*558.75

**DOCUMENT # 694318**

1. Entity Name

**D. GARRETT CONSTRUCTION, INC.**

Principal Place of Business

**4933 N. TAMiami TRAIL  
SUITE 300  
NAPLES FL 34103  
US**

Mailing Address

**4933 N TAMiami TR  
SUITE 300  
NAPLES FL 34103-3028  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2111672**

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

**GARLICK, THOMAS B.  
8889 PELICAN BAY BLVD  
STE 300  
NAPLES FL 34108**

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

**N/A**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>CEO</b>	<input type="checkbox"/> Delete
NAME	<b>GARRETT, DONALD</b>	
STREET ADDRESS	<b>333 TIERRA LAGO WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL 34110</b>	

TITLE	<b>CHAIRMAN / C.E.O. / TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>150 TUPELO ROAD</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34108</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GILBERT, BRUCE</b>	
STREET ADDRESS	<b>2232 OUTRIGGER LANE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	

TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GRANHOLM, JON</b>	
STREET ADDRESS	<b>2248 OUTRIGGER LANE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>KOVACH, BRAD</b>	
STREET ADDRESS	<b>4250 HAWAII BLVD</b>	
CITY-ST-ZIP	<b>NAPLES FL 34112</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 information empowered.

SIGNATURE:

**DONALD F. GARRETT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**06-26-00**  
Date**(941) 643-2900**  
Daytime Phone #