

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G18346

1. Entity Name

BROWN & LUKE CONTRACTING COMPANY, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90127 005 ***150.00

Principal Place of Business	Mailing Address
MARSH LANDING BUILDING POST OFFICE BOX 1333, SUITE 1 PONTE VERDA BEACH FL 32004-1333 US	4400 T.P.C. BLVD.N. P.O.BOX 1333 PONTE VERDA BEACH FL 32004-1333

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-2243026	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
EAKIA, PAUL M 599 ATLANTIC BLVD. ATLANTIC BCH FL 32233

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	PD
NAME	LUKE, THOMAS L.
STREET ADDRESS	310 NORTH 15TH STREET
CITY-ST-ZIP	FERNANDINA BEACH FL
TITLE	VST
NAME	LUKE, THOMAS
STREET ADDRESS	310 NORTH 15TH STREET
CITY-ST-ZIP	FERNANDINA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00 (904) 285-7079
Date Daytime Phone #

CR2E034 (9/99)