

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90190 028 ***150.00

DOCUMENT # G24091

1. Entity Name
HAB CONSTRUCTION, INC.

Principal Place of Business

7298 POMEGRANATE DR
BOKEELIA FL 33922
US

Mailing Address

7298 POMEGRANATE DR
BOKEELIA FL 33922
US

2. Principal Place of Business

7442 CALOOSA DR.
 Suite, Apt. #, etc.

3. Mailing Address

7442 CALOOSA DR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bokeelia, FL

City & State

Bokeelia, FL

4. FEI Number

59-2276569

Applied For

Not Applicable

Zip

Country

33922

USA

Zip

Country

33922

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOIES, HARRY A, JR
7298 POMEGRANATE DR
BOKEELIA FL 33922

7. Name and Address of New Registered Agent

Name

Boies, Harry A., Jr.

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

7442 CALOOSA DR.

City

Bokeelia

FL

Zip Code

33922

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, 2002 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	PTD	<input type="checkbox"/> Delete
NAME	BOIES, HARRY A. JR.	
STREET ADDRESS	7298 POMEGRANATE DR	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BOIES, HARRY A, JR	
STREET ADDRESS	7298 POMEGRANATE DR	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-02

941-283-9700

Date

Daytime Phone #

CR2E034 (9/01)