

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90187 029 ***150.00

DOCUMENT # G47149

1. Entity Name
BRYANT CONSTRUCTION & ROOFING, INC.



Principal Place of Business
**2100 WAYLIFE CT
ALVA FL 33920**

Mailing Address
**2100 WAYLIFE CT
ALVA FL 33920**

2. Principal Place of Business
741 S. Bridge Street
Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 308
Suite, Apt. #, etc.

City & State
LaBelle, FL

City & State
LaBelle, FL

Zip Country
33975 Hendry

Zip Country
33935 Hendry

4. FEI Number **59-2339054**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BRYANT, EDGAR J.
2100 WAYLIFE CT
ALVA FL 33920**

7. Name and Address of New Registered Agent

Name **Carla Sanchez**
Street Address (P.O. Box Number is Not Acceptable)
741 S. Bridge Street
City **LaBelle** **FL** Zip Code **33975**

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 *Carla Sanchez - Carla Sanchez - office mgr.* **4-21-03**
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

TITLE **PD** ☒ Delete
NAME **BRYANT, EDGAR J.**
STREET ADDRESS **2100 WAYLIFE CT**
CITY-ST-ZIP **ALVA FL**

TITLE **D** ☒ Delete
NAME **WAYNE, KENNETH P**
STREET ADDRESS **4545 FT. KEIS ST.**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **D** ☐ Delete
NAME **SANCHEZ, ROBERT**
STREET ADDRESS **350 E. LINCOLN**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☐ Change ☒ Addition
NAME **Dennis R. Pack**
STREET ADDRESS **213 Martin Street**
CITY-ST-ZIP **LaBelle, FL 33935**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S/T/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Dennis R. Pack* **DENNIS R. PACK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 **863-675-7045**
Date Daytime Phone #

CR2E034 (10/02)