

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

02-24-2003 90224 024 *****61725
G49161

DOCUMENT #G49161

1. Entity Name
LETENDRE CONSTRUCTION CO., INC.



FILED

03 MAR 24 AM 8:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**19900 MONA ROAD, STE. 107
TEQUESTA, FL 33469 US**

Mailing Address
**19900 MONA ROAD, STE. 107
TEQUESTA, FL 33469 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2288837

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

7. Name and Address of New Registered Agent

**LETENDRE, DENNIS
18900 MONA ROAD, STE. 107
TEQUESTA, FL 33469**

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 reissuing)

DATE

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** ☐ Delete
NAME **LETENDRE, DENNIS C**
STREET ADDRESS **18711 SE RIVER RIDGE RD.**
CITY-STATE-ZIP **TEQUESTA, FL 33469**

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

TITLE **D** ☐ Delete
NAME **LETENDRE, JOHN R**
STREET ADDRESS **19900 MONA ROAD SUITE 107**
CITY-STATE-ZIP **TEQUESTA FL 33469**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-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 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

[Handwritten Signature]

CP2E034 (10/02)