

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90103 043 ***150.00

DOCUMENT # H87621**1. Entity Name**
LA PLAYA CONSTRUCTION CORPORATION

Principal Place of Business	Mailing Address
695 TARPON BAY RD SUITE 7 SANIBEL FL 33957 US	15631 CAPTIVA RD.(CAPTIVA. FL.) P.O. BOX 716 SANIBEL FL 33957

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	59-2612027	Applied For
		Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****ARMENIA, JOHN**
CAPTIVA COVE CONDOMINIUM, UNIT C
CAPTIVA RD
CAPTIVA ISLAND FL 33924

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PT	ARMENIA, JOHN	15631 CAPTIVA RD.	CAPTIVA ISLAND FL 33924	
VS	ARMENIA, LUCY	15631 CAPTIVA DR	CAPTIVA ISLAND FL 33924	
V	STOUT, ROLAND V	6400 TAYLOR ROAD 179	PUNTA GORDA FL 33950	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

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

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

Date

Daytime Phone #

CR2E034 (10/00)