

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90231 030 ***150.00

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DOCUMENT # H87621

1. Entity Name
LA PLAYA CONSTRUCTION CORPORATION



Principal Place of Business
**695 TARPON BAY RD
SUITE 7
SANIBEL FL 33957
US**

Mailing Address
**15631 CAPTIVA RD.(CAPTIVA, FL.)
P.O. BOX 716
SANIBEL FL 33957**



2. Principal Place of Business

2430 Periwinkle Way

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

City & State

Sanibel Island, FL

City & State

Sanibel Island, FL

Zip

33957

Country

US

Zip

33957

Country

US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2612027**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ARMENIA, JOHN
CAPTIVA COVE CONDOMINIUM, UNIT C
CAPTIVA RD
CAPTIVA ISLAND FL 33924**

7. Name and Address of New Registered Agent

Name

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

2430 Periwinkle Way

Suite B

City

Sanibel Island

State

FL

Zip

33957

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

11. 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	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lucy Armenia, Secy.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/15/03 239-395-9300

CR2E034 (10/02)