## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## J01329 **DOCUMENT #**

1. Entity Name

THIBODEAU CONSTRUCTION, INC.



FILED Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90075 043 \*\*\*150.00

Principal Place of Business 2131 SE 10TH TERR. CAPE CORAL FL 33990		Mailing Address 2131 SE 10TH TERR. CAPE CORAL FL 33990				P (BAHUR BUM BRIGH HARD NING NIGHA IA	11 <b>0</b> 10 11 0 10 11 0 10 11 0 10 11	14 B1814 <b>B</b> 1814 LBB4	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-2658418			Applied For Not Applicable	
Zip	Country	Zip Co			5. Certificate of Status Desired		\$8.75	\$8.75 Additional Fee Required	
6.	Name and Address of Current	Registered Agent			7. Nan	ne and Address of New Regis	stered Agent		
COSTELLO, TRUMAN J. 12670 NEW BRITTANY BLVD				Name Street Address (P.O. Box Number is Not Acceptable)					
STE 101 FORT MYERS FL 33907				City	,		FL Zip C	ode	
signature	d entity submits this statement for registered agent.  e, typed or printed name of registered agent.					The state of the s	. I am familiar wil	th, and accept	
FILE N After May	OW!!! FEE IS \$150.00  1, 2003 Fee will be \$550.00 ble to Florida Department of	State	11.	Agent signature require		9. Election Campaign Financ Trust Fund Contribution.  IONS/CHANGES TO OFFICEF	☐ Add	.00 May Be led to Fees	
TITLE PSD THIBO STREET ADDRESS 2131	DDEAU, PAUL RICHARD SE 10TH TERRACE CORAL FL 33990	☐ Delete	TITLE NAME	ADORESS IT-ZIP	ADDIT	IONS/CHANGES TO OFFICE	☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	in the second se	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Delete	TITLE NAME STREET CITY-S'	ADDRESS T-ZIP			☐ Change	Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS I-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ·	TITLE NAME STREET CITY-SI	ADDRESS F-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST				☐ Change	☐ Addition	
of the corporation	nat the information supplied with report or supplemental report is n or the receiver or trustee empo in patachment with an address, w	true and accurate and that wered to execute this rep	at my signaturi ort as required	a chall hava tha	cama lagga	Lattaat oo if mada undar aath.	: : :		

**SIGNATURE:** 

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