

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90720 015 ***163.75

DOCUMENT # J12404

1. Entity Name
E. T. CONSTRUCTION, INC.



Principal Place of Business
**4182 N PRAIRIE VIEW DRIVE
SARASOTA FL 34232
US**

Mailing Address
**4182 N PRAIRIE VIEW DRIVE
SARASOTA FL 34232
US**

2. Principal Place of Business
1201- N. LIME AVE
Suite, Apt. #, etc.

3. Mailing Address
8882 BLOOMFIELD BLVD
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
SARASOTA, FL
Zip
34237
Country
US

City & State
SARASOTA, FL
Zip
34238
Country
US

4. FEI Number
59-2723100

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MANDELL, BRAD S
3354 17TH ST
SARASOTA FL 34235**

7. Name and Address of New Registered Agent

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	CD MANDELL, SAUL 3354 17TH ST SARASOTA FL 34235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANDELL, BRAD 3354 17TH ST SARASOTA FL 34235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANDELL, TODD 3354 17TH ST SARASOTA FL 34235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS MANDELL, EVELYN 3354 17TH ST SARASOTA FL 34235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOWARD, WENDY 3354 17TH ST SARASOTA FL 34235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **SAUL MANDELL** 4-4-03 941-922-6916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)