2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 20, 2000 8:00 am Secretary of State **DOCUMENT # J16386** C & O FRAMING & CONSTRUCTION, INC. 04-20-2000 90079 037 ***150.00 Mailing Address Principal Place of Business % CLARK OVERBECK % CLARK OVERBECK 3903 EDEN ROCK CIRCLE E. **Ի**000001 3903 EDEN ROCK CIRCLE E. TAMPA FL 33634-7417 **TAMPA FL 33614** 2. Principal Place of Business 3. Mailing Address 14729 Coloma lane 14729 Coloma Lane DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FE! Number 59-2681003 Not Applicable Odessa, Florida Odessa, Florida Country Zip Zio Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 33556 USA 33556 USA ---7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Victor W. Holcomb OVERBECK, CLARK Street Address (P.O. Box Number is Not Acceptable) 3903 EDEN ROCK CIRCLE E. 106 S. Tampania Ave. **TAMPA FL 33614** Suite 200 Tampa 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ★ Addition **PVD** X Delete TITLE TITLE OVERBECK, CLARK NAME Jeffrey Johnson STREET ADDRESS STREET ADDRESS 3903 EDEN ROCK CIRCLE E. 14729 Coloma Lane CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Odessa, Florida 33556 Change ☐ Addition X Delete TITLE ٧D TITLE OVERBECK, SCOTT NAME NAME 3903 EDEN ROCK CIRCLE E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

SIGNATURE: