

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90128 046 ***150.00

0387528

DOCUMENT # J32073

1. Entity Name
24K CONSTRUCTION, INC.

Principal Place of Business
% DOUGLAS L. WALTON
15601 FIDDLESTICKS BLVD
FT MYERS FL 33912
US

Mailing Address
% DOUGLAS L. WALTON
15601 FIDDLESTICKS BLVD
FT MYERS FL 33912
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
3635 Bonita Beach Road
 City & State

Suite, Apt. #, etc.
3635 Bonita Beach Road Ste. 4
 City & State

Bonita Springs, FL
 Zip Country

Bonita Springs, FL
 Zip Country

34134
 Lee

34134
 Lee



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2728807**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALTON, DOUGLAS L
15601 FIDDLESTICKS BLVD
FT MYERS FL 33912

Name
Robert E. Bone, Jr.
 Street Address (P.O. Box Number is Not Acceptable)
1633 SE 47th Terrace
Cape Coral, FL 33904
 City Zip Code
FL

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 *Robert E. Bone, Jr.*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/01
 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
DP
WALTON, DOUGLAS L
15601 FIDDLESTICKS BLVD
FT MYERS FL

TITLE
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☐ Delete ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CST
HODSON, J THOMAS
5305 SW 10TH AVE
CAPE CORAL FL 33914

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☐ Change ☐ 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

4/12/01
 Date

941 948 3230
 Daytime Phone #

CR2E034 (10/00)