

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J35277

Entity Name
HONC CONSTRUCTION, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90156 004 ***158.75

Principal Place of Business

130 PONDELLA RD.
N. FT. MYERS FL 33903
US

Mailing Address

1130 PONDELLA RD.
N. FT. MYERS FL 33903
US

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2744439

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

HONC, VINCENT E
1246 SW 4TH AVE
CAPE CORAL FL 33991

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

LE # P ☐ Delete
NAME HONC SR., JOHN
STREET ADDRESS P.O. BOX 265 N/A
CITY-STATE-ZIP BOKEELIA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

LE # T ☐ Delete
NAME HONC, VINCENT E.
STREET ADDRESS 1246 SW 4TH AVE
CITY-STATE-ZIP CAPE CORAL FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

LE # VP ☒ Delete
NAME HONC, KENNETH
STREET ADDRESS 7015 HOWARD RD
CITY-STATE-ZIP BOKEELIA FL 33922

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

LE # ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP

LE # ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

Vincent E. Honc
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vincent E.

Honc

2/2/02

Date

941 458 3335

Daytime Phone #

CR2E034 (9/01)