

AMENDED

FILED

03 DEC 11 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

MRD

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 362432

1. Entity Name

ARISTA CONSTRUCTION COMPANY INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9019

9019 CHAYES CT.

3. Mailing Address

9019 CHAYES CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

TALLAHASSEE FL.

City &amp; State

TALLAHASSEE FL.

Zip

32309

Country

USA

Zip

32309

Country

USA  
LEON

4. FEI Number

59-2774632

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

WALTER SICIAR

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

9019 CHAYES CT.

City

TALLAHASSEE

FL

Zip Code

32309

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IN THIS SPACE

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

WALTER SICIAR

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

(NOTE: Registered Agent signature required when reinstating)

12-11-03

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

PRESIDENT

NAME

WALTER SICIAR

STREET ADDRESS

9019 CHAYES CT.

CITY-ST-ZIP

TALLAHASSEE FL. 32309

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

000025608030  
12/18/03--01057--020 \*\*\$61.25

TITLE

VICE PRESIDENT

NAME

CATHERINE SICIAR CATHERINE

STREET ADDRESS

9019 CHAYES CT.

CITY-ST-ZIP

TALLAHASSEE FL. 32309

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

SECRETARY

NAME

JAMES FLEMING

STREET ADDRESS

501 PERSIMMON

CITY-ST-ZIP

SOPCHOPPY FL. 32358

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

TITLE

TREASURER

NAME

TRAVIS BLASDEL

STREET ADDRESS

444 SOLMON

CITY-ST-ZIP

CRAWFORDVILLE FL. 32327

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER SICIAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-11-07

Date

850-668-6309

Daytime Phone #

CR2E034B (12/01)