

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J82430

1. Entity Name

GREAT PINES CONSTRUCTION CO., INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90037 013 ***150.00

Principal Place of Business

1399 PRIMROSE LANE
P. O. BOX 544
MIDDLEBURG FL 32050-0544

Mailing Address

1399 PRIMROSE LANE
P. O. BOX 544
MIDDLEBURG FL 32050-0544

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2792779**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BLOOMER, GEORGE
2362A BLANDING BLVD.
MIDDLEBURG FL 32068

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 **P** ☒ Delete
NAME **LECHNER, ANA MARIA B.**
STREET ADDRESS **1399 PRIMROSE LANE**
CITY-ST-ZIP **MIDDLEBURG FL**

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

TITLE **VST** ☒ Delete
NAME **LECHNER, ANITA MARIA B.**
STREET ADDRESS **1399 PRIMROSE LANE**
CITY-ST-ZIP **MIDDLEBURG FL**

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

TITLE **V. PRES** ☐ Delete
NAME **Lechner, Anita Maria Burns**
STREET ADDRESS **1399 PRIMROSE LANE**
CITY-ST-ZIP **Middleburg FL 32068**

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

TITLE **LECHNER, ANA MARIA B.** ☐ Delete
NAME
STREET ADDRESS **1399 PRIMROSE LANE**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ana Maria B. Lechner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000 (904) 282-9143

Date

Daytime Phone #

CR2E034 (9/99)