FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 11, 2002 8:00 am Secretary of State DOCUMENT # J91587 1. Entity Name 06-11-2002 90401 002 ***150 00 AUGUST VAN EEPOEL CHARTERED Principal Place of Business Mailing Address C/O AUGUST VAN EEPOEL C/O AUGUST VAN EEPOEL 3705 N. HIMES AVE. 3705 N. HIMES AVE. TAMPA FL 33607 TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2852371 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EEPOEL VAN AUGUST M Street Address (P.O. Box Number is Not Acceptable) 3705 N. HIMES AVE. **TAMPA FL 33607** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Addition VAN EEPOEL, AUGUST NAME NAME STREET ADDRESS 3705 N. HIMES AVE. STREET ADDRESS CITY-ST-7IP TAMPA FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE' Change --- Addition -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

WARD, ROVELL & VAN EEPOEL

PROFESSIONAL ASSOCIATION ATTORNEYS AT LAW

4100 BANK OF AMERICA PLAZA 101 EAST KENNEDY BOULEVARD TAMPA, FLORIDA 33602-5152

TELEPHONE: (813) 222-8700 FACSIMILE: (813) 222-8701

PLEASE REPLY TO: P.O. BOX 71 TAMPA, FLORIDA 33601-0071

WRITER'S DIRECT LINE AND E-MAIL ADDRESS AVANEEPOEL@WRVLAW.COM (813) 222-8738

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CHARLES H. CARVER LINDA H. DUPUIS BRET HAMLIN MELANIE J. HANCOCK R. REID HANEY RONALD G. HOCK LAURIE L. PUCKETT Kirsten L. Rekart ROGER J. ROVELL R. DENNIS TWEED AUGUST M. VAN EEPOEL ALTON C. WARD

June 7, 2002

Division of Corporations Uniform Business Report Filings P. O. Box 1500 Tallahassee, FL 32302-1500

Re:

August Van Eepoel Chartered 2002 Uniform Business Report Waiver of Penalty

Dear Sir:

Enclosed is the 2002 Uniform Business Report for August Van Eepoel Chartered, and you will note that this report was signed in January 2002. Also enclosed is the firm's check payable in the amount of \$150.00.

This letter hereby requests waiver of the applicable penalty for late filing of this report for the following reasons:

I am the sole stockholder of the corporation, and our home was a victim of the drought, suffering sinkhole damage late last year. This damage required that our house be substantially under repair since January of this year and continuing to now. In the course of the renovation of the home, the report was inadvertently "boxed" and not mailed at the time it was signed.

I believe this adverse situation constitutes more than reasonable cause for delayed filing, and I trust that waiver of the applicable penalty will be granted, as is customary with matters before the Department of Revenue.

In support of this waiver, I am enclosing a copy of the general contractor's "Notice of Commencement," filed in March of this year concerning the renovation of the home. If you would like, a full copy of the geological report of the engineers concerning the sinkhole activity, consisting of a multitude of pages, could be forwarded to you. Indeed, if any other information about the reasonable cause for the waiver, please let me know.

+ Wer England

AVE/cmf

uusers.celli/uniform business report letter

	AH	Thomas Of Razzon
NOTICE OF COMMEN	CEMENT	
PERMIT NUMBER PARCEL I.	D. NUMBER	
STATE OF FLORIDA		INSTR # 2002071447
The UNDERSIGNED hereby gives notice that improvement will be made to certain real property and in accordance with Chapter 713, FLORIDA STATUTES, the following information is provided in this Notice of Commencement.		OR BK 11461 PG 0808 RECORDED 03/04/2002 09:33 AM RICHARD AKE CLERK OF COURT
LEGAL DESCRIPTION (Must include either lot, block, subdivision, or section township, range)		HILLSBOROUGH COUNTY DEPUTY CLERK F Tecer
2 ot 5, Block 1	Received	
He19hts, 1083, 19/1		MAR 13 2002
Heights, PB55, Pg11 14:11sborough County Florida OWNER INFORMATION		Front Desk
NAME AUGUST + Kathken VAN Eepoel ADDRESS 1210 Deepwood Court		
INTEREST IN PROPERTY Fee Simple (100%)		
NAME & ADDRESS OF FEE SIMPLE TITLEHOLDER (if other than owner) 5 Am &		
GENERAL DESCRIPTION OF IMPROVEMENT		
Remodeling		
NAME PAUL I STEPPA CONSTRUCTION INC.		
ADDRESS912 W.MARTIN EUTHER KING BLVD. TAMPA, FL33603		
NAME & ADDRESS OF SURETY		
LENDING ORGANIZATION		
(Name and Address)		
Persons within the State of Florida, designated by owner upon who notices or other documents may be served as provided by SECTION 713.13 (1) (a) (7), FLORIDA STATUTES.		
NAME AUGUST VAN ERPORT ADDRESS P.O. BOX 71 101 E VERIVERY BLUE TRACE		
	101 E. KENNE	DY BUD #4100 TAMPA
In addition to himself, owner designates		(Address)
to receive a copy of Lienor's as provided in SECTION 713.13 (1) (b) FLORIDA STATUTES.		
EXPIRATION DATE NOTICE OF COMMENCEMENT		
(One year from date of recording, unless specified)		
Signature of Owner duy dot for Cerpoel 2/4/07 Printed Name Avovs + VAN EEPOEL		
STATE OF Planets		
The foregoing instrument was acknowledged before me this 4th day of Jebruary 1999 by August 1/80/ Egger		
who is personally known to me or has produced		
A NOMA L. SESSKIN		as identification and who (did) (did not) take an oath.
NOTARY PUBLIC, STATE OF FLORICA My Commission Expires Nov. 18, 2005	Commission Numbe	(Stemp)

ERM 4 (1/98)

No. DD 070328