2000 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # J97259 1. Entity Name					Mar 28, 2000 8:00 am Secretary of State				
ERRING	TON CONSTRUCTION, INC.				03-28-2000 9	•			
Principal Plac	e of Business	Mailing Address							
2059 RANGE R CLEARWATER	· · · · · · · · · · · · · · · · · · ·	2059 RANGE ROAD CLEARWATER FL 33765-2124							
2. Principal F 205 Suite, Apt.	· · · · · · · · · · · · · · · · · · ·	3. Mailing Address 2051 Sunnydale Blud Suite, Apt. #, etc.		d	DO NOT WRITE IN THIS SPACE				
City & Stat	rwater FL	City & State Cle ai waki	- FL	4.	FEI Number 59-284993	5	- 1	plied For t Applicable	
Zip 337	Country	Zip 33765	Country SA	5.	Certificate of Status Desired		8.75 Addi ee Required	itional	
	6. Name and Address of Current R	egistered Agent	= 2	7.	Name and Address of New F	Registered Ag	ent		
ERRI 2059 CLE/	Street Ad		Sox Number is Not Acceptable	e) Olu					
			City	earw	ater	FL	Zip Code	765	
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or r	registered ag	ent, or both, in the State of Fl	orida.	-		
SIGNATURE ,	Signature, typed or printed name of registered agent an	d title if applicable. Ronal (NOTE. F	d E. E. Registered Agent signature	rringi n detw beniupen a	ton, Pres.	3/2:	2/00	<u> </u>	
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILIE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Stat		0.00	10. Election Campaign Fin Trust Fund Contribution			O May Be to Fees	
11.	OFFICERS AND D		12.	AD	DDITIONS/CHANGES TO OFF				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERRINGTON, RONALD E 415 LEEWARD ISLAND WAY CLEARWATER BEACH FL 34630	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WITT, GLENN D 4221 EAGLE WATCH BLVD PALM HARBOR FL 34685	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Г	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TALIN NATION TO SHOOT	☐ Delste	TITLE NAME STREET ADDRESS CITY-ST-ZIP			C	☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	<u> </u>		Ē	Change	☐ Addition	

13. I hereby certify that the information supplied with this filling 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