## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L14990

1. Entity Name

ST.PETERSBURG FL 33710

SIGNATURE:

HAT JAT C	UNSTRUCTION, INC.			01-08-2001 90038 049					
Principal Place of	Business	Mailing Address							
17085 DOLPHIN DR. N. REDINGTON BEA		17085 DOLPHIN DR. N. REDINGTON BEACH FL 33708							
				I ILLIKATI OBI KAKI BIRIO IRIKA KOKK BAK BIRIO BIRIK BAKA					
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 59-2965280					
Zip	Country	Zip	Country	5. Certificate of Status Desired					
(	6. Name and Address of C	urrent Registered Agent		7. Name and Address of New Registered Agent					
· !			Name						
5959 CE	ider, Leonard S intral ave		Street Ad	ddress (P.O. Box Number is Not Acceptable)					
STE, 201	1								

## **FILED** Jan 08, 2001 8:00 am Secretary of State

038 049 \*\*\*150.00

Applied For Not Applicable

\$8.75 Additional Fee Required

Zip Code

727393 8016

Daytime Phone #

D. JAGIELSKI 1/04/2001

FL

= 2.44



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											
Tax filing requirement and elects to do so After MA		After MAY 1, 2001	FILE NOW!!! FEE IS \$150.00 or MAY 1, 2001 Fee will be \$550.00 theck Payable to Department of State		10. Election Campaign Fina Trust Fund Contribution.	~ —		O May Be to Fees			
11. OFFICERS AND DIRECTORS			12.	ADD	ITIONS/CHANGES TO OFFIC	CERS AND	DIRECTORS	3 IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAGLIELSKI, RAYMOND D 17085 DOLPHIN DR N REDINGTON BCH FL 33708	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JAGLIELSKI, DAVID R 17085 DOLPHIN DR. N. REDINGTON BEACH FL 33708	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jagielski, Roberta K 17085 Dolphin Dr. N. Redington Beach FL 33708	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TERMULO, HEIDI M 17085 DOLPHIN DR. N. REDINGTON BEACH FL 33708	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Termulo, a r 17085 dolphin dr. N. Redington Beach FL 33708	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		٠.	☐ Change	Addition			
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.											

City