

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0468306 AV

DOCUMENT # **L34956**

1. Entity Name
CITIVEST CONSTRUCTION CORP.



FILED
03 JUL 16 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3807 SAN MIGUEL
TAMPA FL 33629
US

Mailing Address
3807 SAN MIGUEL
TAMPA FL 33629
US



2. Principal Place of Business
3014 West Palmira Ave
Suite, Apt. #, etc.
Suite 300

3. Mailing Address
3014 West Palmira Ave
Suite, Apt. #, etc.
Suite 300

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number **58-1873573**

Applied For
Not Applicable

Zip
33629

Country
US

Zip
33629

Country
US

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GRANDOFF, JOHN B III
101 EAST KENNEDY BOULEVARD
SUITE 3700
TAMPA FL 33602-0000

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS ROBINSON, W.R. 3009 MASON ST. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROBINSON, W.R. 3009 MASON ST. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700021589737 07/16/03--01037--022 **550.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/03 **831-6677**
Date Daytime Phone #

CR2E034 (10/02)