## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Mar 07, 2003 8:00 am Secretary of State **DOCUMENT #** L46655 1. Entity Name 03-07-2003 90136 033 \*\*\*150.00 SCHLESINGER CONSTRUCTION, INC. Principal Place of Business Mailing Address C/O GREGG SCHLESINGER C/O GREGG SCHLESINGER 1212 SE 3 AVE. 1212 SE 3 AVE. FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0180340 Zip Not Applicable 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 SCHLESINGER, GREGG Street Address (P.O. Box Number is Not Acceptable) 1212 SE 3 AVE. FT. LAUDERDALE FL 33316 City Zip Code 8. The above named entity submits this emost 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 Signature, typed or printed name of registe DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE NAME **GREGG SCHLESINGER** ☐ Addition NAME STREET ADDRESS 1212 S.E. 3RD AVENUE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF

STREET ADDRESS

CITY-ST-ZIP

Date

**FILED**