2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # L52155** Sep 18, 2000 8:00 am Secretary of State 1. Entity Name DAVE SHEEDY CONSTRUCTION, INC. 09-18-2000 90018 045 ***550.00 Principal Place of Business Mailing Address % DAVID E. SHEEDY > % DAVID E. SHEEDY 2080 NW 36TH TERRACE 2080 NW 36TH TERRACE OKEECHOBEE FL 34972-8883 -OKEECHOBEE FL 34972-8883 Botovest 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 65-0174826 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHEEDY, DAVID E. Street Address (P.O. Box Number is Not Acceptable) 2080 NW 36TH TERRACE **OKEECHOBEE FL 34972** Zip Code FL 8. The above named entity submits this statement for the purpose of enanging its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD TITLE ☐ Delete TITLE Change ☐ Addition SHEEDY. DAVID E. NAME NAME 2080 NW 36TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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 cath; 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:

OCICLE STEET REQIDENT OF Sheedy SIGNATURE AND TYPED OF PRINTED BY SIGNING OFFICER OF DIRECTOR

9/12/2000

763-7/09

Daytime Phone #