2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State
03-01-2000 90020 015 ***150.00

DOCUMENT # L92441

1. Entity Name

FUTURISTIC CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
219 E MAGNOLIA ARCADIA FL 33821 US	219 E MAGNOLIA ARCADIA FL 34266-4312 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
105 W. Oak St.	105 W. Oak St.
Suite, Apt. #, etc.: —	Suite, Apt. #, etc.: —
City & State: Arcadia, Fl.	City & State: Arcadia, Fl.
Zip: 34266 Country: U.S.A.	Zip: 34266 Country: U.S.A.

4. FEI Number 65-0210504 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TIM L. PAUL
219 E. MAGNOLIA ST
ARCADIA FL 33821

7. Name and Address of New Registered Agent

Name: Tim L. Paul
Street Address (P.O. Box Number is Not Acceptable): 360 Mc Gregor St.
City: Punta Gorda **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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PAUL, TIMOTHY L 219 EAST MAGNOLIA STREET ARCADIA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Paul, Timothy L 360 Mc Gregor St. Punta Gorda, Fl	☑ Change ☐ Addition ADDress
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WATSON, JOHN O JR 360 MCGREGOR ST PUNTA GORDA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PAUL AVA A 219 EAST MAGNOLIA STREET ARCADIA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Paul, Ava A 360 Mc Gregor St. Punta Gorda, Fl	☑ Change ☐ Addition ADDress
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WATSON, GAYLE 360 MCGREGOR ST PUNTA GORDA FL	☐ 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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.

SIGNATURE: Tim Paul 2/22/00 863-993-1376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #