

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90025 015 ***150.00

DOCUMENT # **L92441**

1. Entity Name
FUTURISTIC CONSTRUCTION, INC.

Principal Place of Business 105 W. OAK ST ARCADIA FL 34266 US	Mailing Address 105 W. OAK ST ARCADIA FL 34266 US
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00020836



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 110 W. Oak St.	3. Mailing Address 110 W. Oak St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Arcadia, FL	City & State Arcadia FL	4. FEI Number 65-0210504	Applied For <input type="checkbox"/> Not Applicable
Zip 34266	Country U.S.A.	Zip 34266	Country U.S.A.

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

6. Name and Address of Current Registered Agent
**TIM L. PAUL
 360 MCGREGOR ST
 PUNTA GORDA FL**

7. Name and Address of New Registered Agent
 Name **Timothy L. Paul**
 Street Address (P.O. Box Number is Not Acceptable)
10230 S.W. CR 769
 City **Arcadia** FL Zip Code **34266**

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 DATE **2/21/01**
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	
TITLE PD	<input type="checkbox"/> Delete
NAME PAUL, TIMOTHY L	
STREET ADDRESS 360 MCGREGOR ST	
CITY-ST-ZIP PUNTA GORDA FL	
TITLE VD	<input type="checkbox"/> Delete
NAME WATSON, JOHN O JR	
STREET ADDRESS 360 MCGREGOR ST	
CITY-ST-ZIP PUNTA GORDA FL	
TITLE SD	<input type="checkbox"/> Delete
NAME PAUL AVA A	
STREET ADDRESS 360 MCGREGOR ST	
CITY-ST-ZIP PUNTA GORDA FL	
TITLE TD	<input type="checkbox"/> Delete
NAME WATSON, GAYLE	
STREET ADDRESS 360 MCGREGOR ST	
CITY-ST-ZIP PUNTA GORDA FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Paul, Timothy L.	Address
STREET ADDRESS 10230 S.W. CR 769	
CITY-ST-ZIP Arcadia, FL 34266	
TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Watson, John O. Jr.	Address
STREET ADDRESS 10230 S.W. CR 769	
CITY-ST-ZIP Arcadia, FL 34266	
TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Paul, Ava A.	Address
STREET ADDRESS 10230 S.W. CR 769	
CITY-ST-ZIP Arcadia, FL 34266	
TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Watson, Gayle	Address
STREET ADDRESS 10230 S.W. CR 769	
CITY-ST-ZIP Arcadia, FL 34266	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: DATE **2/21/01** 863-993-1376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Me Phone #

CR2E034 (10/00)