

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90179 011 ***150.00

DOCUMENT # M29150

1. Entity Name
GIMROCK CONSTRUCTION INC.



Principal Place of Business
% PETER F. LUE
13915 NW 107TH AVE
HIALEAH FL 33016

Mailing Address
% PETER F. LUE
13915 NW 107TH AVE
HIALEAH FL 33016



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **59-2654858**
Applied For
Not Applicable

Zip 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

LUE, PETER F.
13915 NW 107TH AVE
HIALEAH GARDENS FL 33018

Name
HUNT, LLOYD
Street Address (P.O. Box Number is Not Acceptable)
13915 N.W. 107TH AVENUE
City
HIALEAH GARDENS **FL** Zip Code
33018

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 DATE

Signature, typed or printed name of registered agent and title if applicable.

(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	V	<input checked="" type="checkbox"/> Delete
NAME	KRULLER, DICK	
STREET ADDRESS	13915 NW 107TH AVE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUNT, LLOYD	
STREET ADDRESS	13915 NW 107TH AVE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	LUE, PETER F	
STREET ADDRESS	13915 NW 107TH AVE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-03

Date

Daytime Phone #

CR2E034 (10/02)