

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M83052

1. Entity Name

VOKAC CONSTRUCTION, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90099 019 \*\*\*150.00

Principal Place of Business

1719 KNIGHTS CT  
NAPLES FL 34112  
US

Mailing Address

3838 TAMiami TR., N  
NAPLES FL 34103-3590  
US

2. Principal Place of Business

3. Mailing Address

1719 KNIGHTS CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
NAPLES, FL

4. FEI Number

65-0055487

Applied For

Not Applicable

Zip

Country

Zip

Country

34112

US

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

FELDEN, CHRISTIAN B.  
3838 TAMiami TR., N  
SUITE 101  
NAPLES FL 34103

Name

SIESKY, JAMES H.

Street Address (P.O. Box Number is Not Acceptable)

1000 N. TAMiami TR., N.

SUITE 201

City

NAPLES

FL

Zip Code

34102

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

*James H. Siesky*

James H. Siesky

4/27/2000

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

(NOTE: Registered Agent signature required when re-registering)

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  
T  
VOKAC, ROBERTA  
1719 KNIGHTS COURT  
NAPLES FL



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
VOKAC, EDWIN F.  
1719 KNIGHTS CT  
NAPLES FL



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT



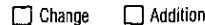
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
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:

*Roberta Vokac*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 941-793-1555  
Date Daytime Phone #

CR2F034 (9/99)