2003 FOR PROFIT CORPORATION UNIFORM-BUSINESS REPORT (UBR

Mailing Address

US

1719 KNIGHTS CT

NAPLES FL 34112

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc

M83052 **DOCUMENT #**

1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIESKY, JAMES H

NAPLES FL 39102

1000 N TAMIAMI TR., N.

City & State

STE 201

SIGNATURE

Zip

1719 KNIGHTS CT

NAPLES FL 34112

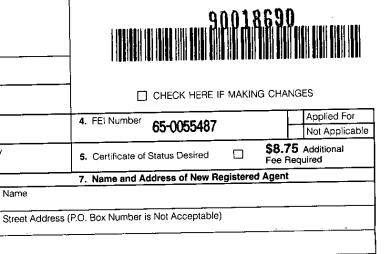
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VOKAC CONSTRUCTION, INC.



FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90049 011 ***150.00



DATE

	figure is a selected office or registered agent, or both in the State of Florida.	I am familiar with,	and accept
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.		
	the obligations of registered agent.		

City

(NOTE: Registered Agent signature required when reinstating)

Country

SIGNATURE .	Signature, typed or printed name of registered agent and title if ap	plicable.
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State	

Country

6. Name and Address of Current Registered Agent

9.	Election Campaign Financing	
	Trust Fund Contribution.	Į

\$5.00 May Be Added to Fees

Zip Code

OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
10.	OFFICERS AND DIRECTOR		11.	. Change	Addition	
TITLE NAME	VP VOKAC, ROBERTA	☐ Delete	TITLE NAME	. Unlarige		
STREET ADDRESS CITY-ST-ZIP	1719 KNIGHTS COURT NAPLES FL 34112		STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOKAC, EDWIN F. 1719 KNIGHTS CT NAPLES FL 34112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	man on the State of the State o	☐ 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		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition	
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS	☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

CITY-ST-ZIP