

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90669 044 \*\*\*158.75

**DOCUMENT # M98163**

1. Entity Name

**ONIEDA CONSTRUCTION, INCORPORATED**

Principal Place of Business

Mailing Address

% ROBERT K. PORTER, SR.  
3955 GRANTLINE ROAD  
MIMS FL 32754

% ROBERT K. PORTER, JR.  
3955 GRANTLINE ROAD  
MIMS FL 32754

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2910348**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORTER, ROBERT K SR**  
**3955 GRANTLINE ROAD**  
**MIMS FL 32754-2210**

Name

**ROBERT K PORTER, JR.**

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

**1535 YORKTOWN AV 3955 GRANTLINE ROAD**

**TITUSVILLE, FL 32756 MIMS, FL 32754**

City

**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 **ROBERT K PORTER, JR.**

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

(NOTE: Registered Agent signature required when reinstating)

**3/08/02**

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, 2002 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 **D** ☒ Delete  
NAME **PORTER, ROBERT K SR**  
STREET ADDRESS **3955 GRANTLINE ROAD**  
CITY-ST-ZIP **MIMS FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **PORTER, ROBERT K. J**  
STREET ADDRESS **1535 YORKTOWN AVENUE**  
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **ROBERT K PORTER, JR.**  
STREET ADDRESS **1535 YORKTOWN AV**  
CITY-ST-ZIP **TITUSVILLE, FL 32796**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

**ROBERT K PORTER, JR.**

**3/08/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)