

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90214 036 ***158.75

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DOCUMENT # M98163

1. Entity Name
ONIEDA CONSTRUCTION, INCORPORATED



Principal Place of Business
% ROBERT K. PORTER, SR.
3955 GRANTLINE ROAD
MIMS FL 32754

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

2. Principal Place of Business
2700 CORY COURT

3. Mailing Address
2700 CORY COURT

Suite, Apt. #, etc.
MIMS

Suite, Apt. #, etc.
MIMS

City & State
FL 32754

City & State
FL 32754

Zip
32754

Country
BREVARD

Zip
32754

Country
BREVARD

4. FEI Number
59-2910348

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PORTER, ROBERT K SR
3955 GRANTLINE ROAD
MIMS FL 32754

7. Name and Address of New Registered Agent

Name
ROBERT K PORTER JR
Street Address (P.O. Box Number is Not Acceptable)
2700 CORY COURT

City
MIMS **FL** Zip Code
32754

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
ROBERT K PORTER, JR. PRESIDENT

4/14/03

(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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

ROBERT K PORTER, JR. PRESIDENT

4/14/03 321 269-3951

Date Daytime Phone #

CR2E034 (10/02)