

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 000000009881

1. Entity Name PYRAMID CONSTRUCTION GROUP, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 29 PH 2:33

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

17903 MARSH RD

3. Mailing Address

17903 MARSH RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WINTER GARDEN

WINTER GARDEN

City & State

City & State

FLORIDA

FLORIDA

Zip

Country

Zip

Country

34787

USA

34787

USA

4. FEI Number

59-3635040

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

THOMAS M. MCINTEE

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

17903 MARSH RD

City

WINTER GARDEN FL

Zip Code

34787

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

Thomas M. McIntee

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTP THOMAS M. MCINTEE 17903 MARSH RD WINTER GARDEN FL 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000008816070 11/06/02--01006--007 **158.75
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		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	
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	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas M. McIntee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-02 321-2294412

Date

Daytime Phone #

CR2E034B (12/01)

10-29-02

DEAR SEC OF STATE

WE NEVER RECEIVED THE  
FILING NOTICES & REQUEST  
WAIVER OF PENALTIES.

Thomas H. Allen

PYRAMID CONSTRUCTION GROUP, INC.