

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90215 046 ***150.00

DOCUMENT # P00000012559

1. Entity Name
TARPON CONSTRUCTION, INC.



Principal Place of Business
**2199 RIO DE JANEIRO AVE.
PUNTA GORDA FL 33983**

Mailing Address
**3355 BEARSS AVE
TAMPA FL 33618**

40006904



2. Principal Place of Business
26266 Barcelos Court

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Punta Gorda, Florida

City & State
Suite, Apt. #, etc.

Zip
33983

Country
USA

4. FEI Number
65-0980577

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SANDERS, WALTER
3355 BEARSS AVE.
TAMPA FL 33618**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Walter Sanders Walter Sanders 1/20/03
Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JEMISON, MICHAEL V 2199 RIO DE JANEIRO AVE. PUNTA GORDA FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jemison, Michael V 26266 Barcelos Court Punta Gorda, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/Sec/Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jemison, Michelle 26266 Barcelos Court Punta Gorda, Florida 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael Jemison **SIGNATURE REQUIRED** 1/20/03 941-764-8838
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)