

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90507 030 ***150.00

DOCUMENT # P00000018551

1. Entity Name
FLORIDA CONTRACTORS ALLIANCE, INC.



Principal Place of Business
5501 HARBOUR CASTLE DR
FORT MYERS FL 33907

Mailing Address
5501 HARBOUR CASTLE DR
FORT MYERS FL 33907

2. Principal Place of Business

13611 PARKCREST BLVD

Suite, Apt. #, etc.

#1223

City & State

FT. MYERS FL

Zip

33912

Country

USA

3. Mailing Address

13611 PARKCREST BLVD

Suite, Apt. #, etc.

#1223

City & State

FT. MYERS FL

Zip

33912

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0998362

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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 PD ☐ Delete
NAME KIELY, DEREK
STREET ADDRESS 13450 PONDEROSA WAY
CITY-ST-ZIP FORT MYERS FL 33907

TITLE STD ☐ Delete
NAME KIELY, DAWN
STREET ADDRESS 13450 PONDEROSA WAY
CITY-ST-ZIP FORT MYERS FL 33907

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 SAME BUT ADDRESS
STREET ADDRESS CHANGE-SEE ABOVE
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME SAME BUT ADDRESS
STREET ADDRESS CHANGE-SEE ABOVE
CITY-ST-ZIP

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/03

239-691-8547

CR2E034 (10/02)