

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-07-2003 90307 024 ***150.00

DOCUMENT # P00000040729

1. Entity Name
C.L.B. CONSTRUCTION, INC.



Principal Place of Business
**14980 LAKE HOUSE LANE,H-5
NAPLES FL 34110**

Mailing Address
**14980 LAKE HOUSE LANE,H-5
NAPLES FL 34110**

55051445

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State

Zip Country

4. FEI Number **59-3657963**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUTT, LOREN A
14980 LAKE HOUSE LANE,H-5
NAPLES FL 34110

Name **BUTT LOREN A**
Street Address (P.O. Box Number is Not Acceptable)
14980 LAKE HOUSE LN CONDOHS
City **NAPLES** FL Zip Code **34110**

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 **LOREN A BUTT** *[Signature]* DATE **7-2-2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTT, LOREN A 14980 LAKE HOUSE LANE,H-5 NAPLES FL 34110 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)

Attachment

55051445
P00000040729

FAX TRANSMITTAL COVER SHEET

**Loren A. Butt
C.L.B. Contracting, Inc.
14980 Lakehouse Lane H5
Naples, FL 34108**

OUR FAX NUMBER IS (941) 591-2967
OUR PHONE NUMBER IS (941) 591-8224

Date: 7-14-2003

TO: Flounder Department of State Company:

at FAX Number: ()

No. of pages

Including Cover Sheet: _____

Message:

I was note sent form 2003 Dealer
1850 245-6056. they send to Mail this Back
with the form and The 400.00 will be March

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"Specializing In Distinctive Remodeling"