

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90050 002 ***150.00

DOCUMENT # P000000046831 ✓

1. Entity Name

Going Up Const., Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

213 Villa Verda Rd.
Suite, Apt. #, etc.

3. Mailing Address

213 Villa Verda Rd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Augustine, Fl.

City & State

St. Augustine, Fl.

4. FEI Number

59-3648516

Applied For

Not Applicable

Zip
32080

Country

ST. Johns

Zip

32080

Country

ST. Johns

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Joseph D. Fletcher

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

213 Villa Verda Rd.

City St. Augustine

FL

Zip Code
32080

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

March 31, 02

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 P/V
NAME Joseph D. Fletcher
STREET ADDRESS 213 Villa Verda Rd.
CITY-ST-ZIP St. Augustine, Fl. 32080

TITLE S/T
NAME Charles D. Massey
STREET ADDRESS 213 Villa Verda Rd.
CITY-ST-ZIP St. Augustine, Fl. 32080

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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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/02

Date

386 795 0276

Daytime Phone #

CR2E034B (12/01)