2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 20, 2001 8:00 am Secretary of State DOCUMENT # P00000069699 CLOSE CONSTRUCTION, INC. 04-20-2001 90160 008 ***150.00 Principal Place of Business Mailing Address 1725 DERBYSHIRE RD 1725 DERBYSHIRE RD HOLLY HILL FL 32117 HOLLY HILL FL 32117 3. Mailing Address 2. Principal Place of Business 789 East Victoria Circle 789 East Victoria Circle DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State ORMOND BEACH 59-3666350 ORMOND BEACH, FL Not Applicable 32<u>174</u> \$8.75 Additional Čountry П 5. Certificate of Status Desired Volusia OWSIA 32*174* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLOSE, JEREMY S Street Address (P.O. Box Number is Not Acceptable) 789 East Victoria Circle 1725 DERBYSHIRE RD HOLLY HILL FL 32117 City ORMOND 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** DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See-criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change Change TITLE ☐ Delete CLOSE, JEREMY S NAME 789 East Victoria Circle NAME 1725 DERBYSHIRE RD STREET ADDRESS STREET ADDRESS Ormond BEACH, FL 32174 CITY-ST-ZIP CITY-ST-ZIP HOLLY HILL FL 32117 Change ☐ Addition DST TITLE Delete TITLE CLOSE, KATHRYN NAME NAME 789 East Victoria Circle STREET ADDRESS STREET ADDRESS 1725 DERBYSHIRE RD ORMAND BEACH, FL 32174 CITY_ST-ZIP. CITY-ST-ZIP HOLLY HILL FL 32117 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.