

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000004728

1. Entity Name  
K.L. MCCAUL CONSTRUCTION, INC.



FILED

03 JAN 28 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business  
13325 S.W. 124 STREET  
MIAMI FL 33186

Mailing Address  
13325 S.W. 124 STREET  
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

7500 NW 25 Street

7500 N.W. 25 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 119

Unit 119

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33122

USA

33122

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1070707

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

MCCAUL, KENNETH L

13325 S.W. 124 STREET 7500 N.W. 25th Street, Unit 119  
MIAMI FL 33186 33122

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 *Kenneth L. McCaul*  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME MCCAUL, KENNETH L  
STREET ADDRESS 13325 S.W. 124 STREET  
CITY-ST-ZIP MIAMI FL 33186

TITLE ☒ Change ☐ Addition  
NAME MCCAUL, Kenneth  
STREET ADDRESS 7500 N.W. 25 Street, Unit 119  
CITY-ST-ZIP MIAMI, FL 33122

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 300011139733  
STREET ADDRESS 01/28/03--01074--012  
CITY-ST-ZIP \*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: *Kenneth L. McCaul*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

0319061 AV