

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000052175**

1. Entity Name

**ARGEN CONSTRUCTION, INC.**

Principal Place of Business

**1316 EAST AVE  
SARASOTA FL 34237**

Mailing Address

**1316 EAST AVE  
SARASOTA FL 34237**

2. Principal Place of Business

**1316 EAST AVE**

Suite, Apt. #, etc.

3. Mailing Address

**3031 KIRBY LANE**

Suite, Apt. #, etc.

City & State  
**SARASOTA, FLORIDA**

Zip

**34237**

Country

**SARASOTA**City & State  
**SARASOTA, FLORIDA**

Zip

**34234**

Country

**SARASOTA**4. FEI Number  
**04-3645569**☒ Applied For  
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SARRIA, NICOLAS  
1316 EAST AVE  
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name **SAME**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
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  
NAME **NO CHANGES** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME **PRESIDENT/OWNER** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP **NICOLAS SARRIA  
3031 KIRBY LANE  
SARASOTA, FL 34234**TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
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)(l), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

Date

(941) 228-9550  
(941) 365-4566

Daytime Phone #

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90186 036 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)