2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F. GORDON CONSTRUCTION, INC.

1. Entity Name

P01000054923

Principal Place of Business Mailing Address 550 NOTTINGHAM DR. 550 NOTTINGHAM DR. NAPLES FL 34109 NAPLES FL 34109 2. Principal Place of Busines 3. Mailing Address ENTOR WY 2240 TRADE 2240 TRADE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For IAPLES NAPLOS Not:Applicable \$8.75 Additional 5. Certificate of Status Desired 34109 USA レシA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORD TERANK J Street Address (P.O. Box Number is Not Acceptable) 550 NOTTINGHAM DR. NAPLES FL.34109 City Zip Code FI 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 hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (10/6) TITLE ☐ Delete TITLE Ti Change ☐ Addition GORDON, FRANK J NAME NAME CR2E034 550 NOTTINGHAM DR. STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-7IP CITY-ST-ZIP Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition MLE ☐.Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE TTDF ☐ Chance ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-ST-7/P TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied the interest of 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 true 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 adoptess, with all other like empowered. SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR C

FILED

Mar 12, 2002 8:00 am Secretary of State

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