

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000057918

1. Entity Name

JON HAGEDORN CONSTRUCTION, INC.

Principal Place of Business

6270 HUNTINGTON LAKES CIRCLE
UNIT 202
NAPLES FL 34119

Mailing Address

6270 HUNTINGTON LAKES CIRCLE
UNIT 202
NAPLES FL 34119

2. Principal Place of Business

552 WHISPERING PINE LN.
Suite, Apt. #, etc.
NAPLES FL 34103
City & State

3. Mailing Address

552 WHISPERING PINE LN.
Suite, Apt. #, etc.
NAPLES FL 34103
City & State

Zip

Country

Zip

Country

4. FEI Number

59-3724559

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAGEDORN, JON P
6270 HUNTINGTON LAKES CIRCLE
UNIT 202
NAPLES FL 34119

7. Name and Address of New Registered Agent

Name

HAGEDORN JON P

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

552 WHISPERING PINE LN.

City

NAPLES

FL

Zip Code

34103

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 state 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 President
NAME Jon P. Hagedorn
STREET ADDRESS 552 WHISPERING PINE LN
CITY-ST-ZIP Naples FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-21-2002 91176 040 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)