

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

102

DOCUMENT #
1. Entity Name *P01000060187*
SPECIALTY CONSTRUCTION SERVICES



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2002-2003 UBR

2. Principal Place of Business
12261 LONDONDERRY LN.
Suite, Apt. #, etc.
3. Mailing Address
12261 LONDONDERRY LN.
Suite, Apt. #, etc.
City & State
BONITA SPRINGS FL.
City & State
BONITA SPRINGS, FL.
Zip
34135
Zip
34135
Country
Country

4. FEI Number
APPLIED FOR 20-0113744
Applied For
☒ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent
Name
ADDIE KIRBY
Street Address (P.O. Box Number is Not Acceptable)
12261 LONDONDERRY LN.
City
BONITA SPRINGS
FL
Zip Code
34135

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 *Addie Kirby*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE *7-27-03*

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <i>ADDIE KIRBY</i> <i>12261 LONDONDERRY LN.</i> <i>BONITA SPRINGS, FL. 34135</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>000021966240</i> <i>08/01/03--01004--005 **300.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P.</i> <i>AMANDA COSTA</i> <i>12261 LONDONDERRY LN.</i> <i>BONITA SPRINGS, FL. 34135</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Addie Kirby*, *ADDIE KIRBY*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone # *239-992-4775*

CR2E034B (12/02)