

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90938 008 ***150.00

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1. Entity Name
NORTH FLORIDA CONTRACTORS, INC.



Principal Place of Business
**3056 SUTTON WOODS DRIVE
PLANT CITY FL 33567**

Mailing Address
**3056 SUTTON WOODS DRIVE
PLANT CITY FL 33567**

2. Principal Place of Business
1783 JOYBROOK RD
Suite, Apt. #, etc.

3. Mailing Address
3056 SUTTON WOODS DR
Suite, Apt. #, etc.

City & State
NAVARRE, FL

City & State
PLANT CITY, FL

4. FEI Number **59-3730343**

Applied For
Not Applicable

Zip Country
32566 USA

Zip Country
33566 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BLOK-ANDERSEN, KIM
3056 SUTTON WOODS DRIVE
PLANT CITY FL 33567**

7. Name and Address of New Registered Agent

Name
BLOK-ANDERSEN, Kim
Street Address (P.O. Box Number is Not Acceptable)
3056 SUTTON WOODS DRIVE
City
PLANT CITY FL 33566

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 **[Signature] KIM BLOK-ANDERSEN** DATE **4/14/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S BLOK-ANDERSEN, KIM 3056 SUTTON WOODS DRIVE PLANT CITY FL 33567	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. BOYCE, ROBERT 2031 CASA DE ORO NAVARRE FL 32566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. FLOWERS, JASON 1783 JOYBROOK ROAD NAVARRE FL 32566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D BLOK-ANDERSEN, KIM 3056 SUTTON WOODS DR PLANT CITY, FL 33566	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 employment.

SIGNATURE: **[Signature] BLOK-ANDERSEN** DATE **4/14/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **913-404-6776**

CR2E034 (10/02)