

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90393 005 ***150.00

DOCUMENT # P01000103619

1. Entity Name

PTL CONSTRUCTION SERVICES, INC.

Principal Place of Business

1801 BUTTONWOOD DRIVE
 OLDSMAR FL 34677

Mailing Address

1801 BUTTONWOOD DRIVE
 OLDSMAR FL 34677

2. Principal Place of Business

503 West Cedar Street Box 784
 Suite, Apt. #, etc.

3. Mailing Address

Safety Harbor, FL
 Suite, Apt. #, etc.

City & State

Tarpon Springs, FL
 Zip

34689 Country

City & State

Safety Harbor, FL
 Zip

34695-0784 Country

4. FEI Number

01-0565802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MEINCKE, JAMIE A
 1801 BUTTONWOOD DRIVE
 OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name

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 ☐ Delete
 NAME D
 STREET ADDRESS MEINCKE, JAMIE A
 CITY-ST-ZIP POST OFFICE BOX 784
 SAFETY HARBOR FL 34695-0784

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SAUNDERS, DEBORAH
 CITY-ST-ZIP POST OFFICE BOX 400
 SAFETY HARBOR FL 34695-0400

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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)(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:

Jamie A. Meincke
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jamie A. Meincke 04-25-02 944-2838
 Date Daytime Phone

CR2E034 (9/01)