

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90286 010 \*\*\*150.00

**DOCUMENT # P01000103694**

1. Entity Name  
**VASQUEZ-CARSON CONSTRUCTION, INC.**



Principal Place of Business  
**4001 SANTA BARBARA BLVD.  
#265  
NAPLES FL 34104**

Mailing Address  
**4001 SANTA BARBARA BLVD.  
#265  
NAPLES FL 34104**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3752726</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**VASQUEZ, VIRGILIO  
4001 SANTA BARBARA BLVD.  
#265  
NAPLES FL 34104**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when completing) \_\_\_\_\_ DATE \_\_\_\_\_

**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 <b>PSD P.S.D</b>	<input type="checkbox"/> Delete
NAME <b>VASQUEZ, VIRGILIO</b>	
STREET ADDRESS <b>4001 SANTA BARBARA BLVD. #265</b>	
CITY-ST-ZIP <b>NAPLES FL 34104</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete
NAME <b>CARSON, CHRISTOPHER K</b>	
STREET ADDRESS <b>2890 POINCIANA STREET</b>	
CITY-ST-ZIP <b>NAPLES FL 34105</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>VASQUEZ, ONIL</b>	
STREET ADDRESS <b>4634 SUNSET RD #A</b>	
CITY-ST-ZIP <b>NAPLES FL 34116</b>	
TITLE <b>T, VP</b>	<input type="checkbox"/> Delete
NAME <b>VASQUEZ, JENNIFER</b>	
STREET ADDRESS <b>4001 SANTA BARBARA BLVD #265</b>	
CITY-ST-ZIP <b>NAPLES FL 34104</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowered.

**SIGNATURE:** **SIGNATURE REQUIRED** **1-28-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)