

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115428

1. Entity Name

TRK CONSTRUCTION MANAGEMENT CORPORATION

Principal Place of Business

11983 TAMiami TRAIL NORTH
SUITE # 155
NAPLES FL 34110

Mailing Address

11983 TAMiami TRAIL NORTH
SUITE # 155
NAPLES FL 34110

2. Principal Place of Business

11983 TAMiami TR. No.
Suite, Apt. #, etc. 155

3. Mailing Address

11983 TAMiami TR. No.
Suite, Apt. #, etc. 155

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3760255

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST.

4TH FLOOR

MIAMI FL 33145

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 NAME	PD BARRETT, ANTHONY	<input type="checkbox"/> Delete
STREET ADDRESS	11983 TAMiami TRAIL NORTH #155	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE NAME	VD JOHNS, RANDY	<input type="checkbox"/> Delete
STREET ADDRESS	11983 TAMiami TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE NAME	STD MCVICKER, KEVIN	<input type="checkbox"/> Delete
STREET ADDRESS	11983 TAMiami TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Anthony Barrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 29, 2002 8:00 am
Secretary of State

04-01-2002 90637 038 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)