

2003 **FOR PROFIT CORPORATE
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000031176

1. Entity Name

C BROCK CONSTRUCTION INC.



FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90134 024 ***550.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
868 SAXON BLVD

3. Mailing Address

868 SAXON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DELTONA FL

City & State
DELTONA FL

4. FEI Number
01-0645620

Applied For

Not Applicable

Zip
32725

Country
US

Zip
32725

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
CAMENISCH, CHARLES

Street Address (P.O. Box Number is Not Acceptable)
868 SAXON BLVD

City
DELTONA

FL

Zip Code
32725

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(If OFF: Registered Agent signature required when re-nesting)

DATE

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
PT
CAMENISCH, CHARLES
868 SAXON BLVD
DELTONA FL 32725

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WARNICK, JASON
2472 WHITEHORSE ST
DELTONA FL 32728

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FOLLMER, PATRICK
781 MONTROSE AVE
ORANGE CITY FL 32763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 23, 2003

Date

Daytime Phone #

321-277-6999