

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90453 043 ***150.00

00488400
AV

DOCUMENT # P02000046586

1. Entity Name
HADRIAN CONSTRUCTION, INC.



Principal Place of Business
**2874-A REMINGTON GREEN CIRCLE
TALLAHASSEE FL 32308**

Mailing Address
**P.O. BOX 13268
TALLAHASSEE FL 32317**



2. Principal Place of Business
1804 MILLOSUKEE COMMONS DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 206

City & State
TALLAHASSEE, FL

City & State

Zip
32308

Country
USA

Zip

Country

4. FEI Number
01-0678626

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKER, MATTHEW
2874-A REMINGTON GREEN CIRCLE
TALLAHASSEE FL 32308**

Name

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

1804 MILLOSUKEE COMMONS DR.

SUITE 206

City
TALLAHASSEE

FL

Zip Code
32308

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
May 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARKER, MATTHEW 2874-A REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARKER, LARA 2874-A REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1804 MILLOSUKEE COMMONS DR. SUITE 206 TALLAHASSEE, FL 32308
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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 empowered.

SIGNATURE: _____ **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03 850 877 8400

Date

Daytime Phone #

CR2E034 (10/02)