

FILED
May 30, 2003 8:00 am
Secretary of State

05-02-2003 90210 039 ***150.00

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

DOCUMENT # P02000051875

1. Entity Name
CONSTRUCT CORPS - SEACOAST SERVICES INC.



Principal Place of Business
~~8929 N. FLORIDA AVE~~ 3104 N. Armenia
TAMPA FL 33604 Ste 2W
Tampa FL 33607

Mailing Address
~~8929 N. FLORIDA AVE~~ 3104 N. Armenia
TAMPA FL 33604 Ste 2W
Tampa FL 33607

00020103



2. Principal Place of Business
3104 N. Armenia
Suite, Apt. #, etc.
2W

3. Mailing Address
3104 N. Armenia
Suite, Apt. #, etc.
2W

☒ CHECK HERE IF MAKING CHANGES

City & State
Tampa FL

Zip
33607

Country
Hillsborough

4. FEI Number
59-3679490

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CLARK, WILLIAM E
8929 N. FLORIDA AVE.
TAMPA, FL 33604

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, WILLIAM E 8929 N. FLORIDA AVE. TAMPA FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TASHKIN, SCOTT 8929 N. FLORIDA AVE. TAMPA FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/02)

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: WILLIAM E CLARK 4-15-03
Signature and typed or printed name of signing officer or director Date Daytime Phone #