

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 10 AM 8:00

REINSTATEMENT 04



11082004 REIN-P CR2E098 (6/04) MRS

4. FEI Number 02-0621542 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

DOCUMENT # P02000055521

1. Entity Name
UPRIGHT CONSTRUCTION, INC.



Principal Place of Business
7112 MARBLE CT
JACKSONVILLE, FL 32211

Mailing Address
7112 MARBLE CT
JACKSONVILLE, FL 32211

2. Principal Place of Business

1845 Rambling Ridge Ln.
Suite, Apt. #, etc.

3. Mailing Address

1845 Rambling Ridge Ln.
Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLA

City & State

JACKSONVILLE FLA.

Zip

32225

Country

U.S.

Zip

32225

Country

U.S.

LAWRENCE, PAUL K
7112 MARBLE CT
JACKSONVILLE, FL 32211

Name

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

1845 Rambling Ridge Ln.

City

JACKSONVILLE

FL

Zip Code

32225

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

Paul K. Lawrence

Paul K. Lawrence

11-8-04

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 January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME LAWRENCE, PAUL K
STREET ADDRESS 7112 MARBLE CT
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE ☒ Change ☐ Addition
NAME 1845 Rambling Ridge Lane.
STREET ADDRESS JACKSONVILLE, FL 32225
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 000042637030
STREET ADDRESS 11/10/04--01048--008 **158.75
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-8-04

Date

(904) 997-8288

Daytime Phone #