

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

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90015 045 ***150.00

DOCUMENT # P02000055673

1. Entity Name

NU-DEAL Construction, Inc.



DO NOT WRITE IN THIS SPACE

94051806

2. Principal Place of Business

1125 Kerri Lynn Rd

Suite, Apt. #, etc.

None

3. Mailing Address

1125 Kerri Lynn Rd

Suite, Apt. #, etc.

None

City & State

St. Aug, FL

City & State

St. Aug, FL

Zip

32084

Country

St. Johns

Zip

3284

Country

St. Johns

4. FEI Number

74-3064257

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Thomas A Losoncy

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

1125 Kerri Lynn Rd

City

St Aug, FL

FL

Zip Code

32084

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

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
Owner
Thomas A Losoncy
1125 Kerri Lynn Rd
St. Aug, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Thomas A Losoncy Thomas A Losoncy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 2004 904-536-7024

Date

Daytime Phone #

CR2E034B (12/02)