2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P02000061563 **DOCUMENT #**

1. Entity Name

COLLIGAN CONSTRUCTION, INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90066 005 ***158.75

SIGNATURE Signature, tiped or somed some of implifered eigent and site if appholished (NOTE Registered Agent signature recurred when relatating) DATE		· · · · · · · · · · · · · · · · · · ·	<u> </u>	GOO WE	
Sulte, Apt. #, etc. Cry & State Country Zip Country Zip Country Zip Country S. Certificate of Salts Desired S. Certificate of No. Number in No. Accordance of No. Number of Number of Number of Number of Number of	C/O CRAIG COLBY COLLIGAN 7661 HIGH RIDGE ROAD		C/O ČRAIG COLBY COLLIGAN 7661 HIGH RIDGE ROAD		
City & State City & State City & State City & State Country Zip Country Sine definition of Status Desired Set 75, Additional For Registered Agent Name COLLIGAN, CRAIG COLBY The Brown 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature FILE NOW!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS III. Signature fund Contribution. Addition For Florida State 11. ADDITIONS/CHANGES TO ON INCENS AND DIRECTORS III. Now Signature fund Contribution. Addition From State Agent Signature resurve when sharping fluid in Contribution. Addition From State Agent Signature resurve when sharping fluid in Contribution. Addition From State Agent Signature resurve when sharping fluid in Contribution. Addition From State Agent Signature resurve when sharping fluid in Contribution. Addition From State Agent Signature resurve when sharping fluid in Contribution. Addition From State Agent Signature resurve when sharping fluid in Contribution. Addition From State Agent Signature resurve when sharping fluid in Contribution. Addition From State Agent Signature resurve when sharping fluid in Contribution. Addition From State Agent Signature resurve when sharping fluid in Contribution. Addition From State Agent Signature resurve when sharping fluid in Contribution. Addition From State Agent Signature resurve when sharping fluid in Contribution. Addition From State Agent Signature resurve when sharping fluid in Contribution. Addition From State Agent Signature resurve when sharping fluid in Contribution. Addition From State Agent Signature resurve when sharping fluid in Contribution. Addition From State Agent Signature resurve when sharping fluid in Contribution. Addition From State Agent Signature re	2. Principal F	Place of Business	3. Mailing Address		
Zip Country 5. Conflictant of Status Desired	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
S. Name and Address of Current Registered Agent G. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo Street Address (P.O. Box Number is Not Acceptable) DATE FLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Street Address (P.O. Box Number is Not Acceptable) DATE FLE NOW!!! FEE IS \$150.00 Street Address (P.O. Box Number is Not Acceptable) DATE FLE NOW!!! FEE IS \$150.00 Street Address (P.O. Box Number is Not Acceptable) DATE FLE NOW!! FEE IS \$150.00 Street Address (P.O. Box Number is Not Acceptable) DATE FLE NOW!! FEE IS \$150.00 Street Address (P.O. Box Number is Not Acceptable) DATE FLE NOW!! FEE IS \$150.00 Street Address (P.O. Box Number is Not Acceptable) DATE FLE NOW!! FEE IS \$150.00 Street Address (P.O. Box Number is Not Acceptable) DATE FLE NOW!! FEE IS \$150.00 Street Address (P.O. Box Number is Not Acceptable) DATE FLE Now!! FEE IS \$150.00 Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE FLE Now!! FEE IS \$150.00 Street Address (P.O. B	City & State		City & State		4. FEI Number Applied For
S. Name and Address of Current Registered Agent COLIGAN, CRAIG COLBY 7681 HIGH RIDGE ROAD BOYNTON BEACH FL 33426 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 acceptable of ingisered agent, and acceptable or floridate in registered agent, or both, in the State of Florida. I am familiar with, and acceptable or floridate in registered agent, or both, in the State of Florida. I am familiar with, and acceptable or floridate in registered agent, or both, in the State of Florida. I am familiar with, and acceptable or floridate in registered agent, or both, in the State of Florida. I am familiar with, and acceptable or floridate in registered agent, or both, in the State of Florida. I am familiar with, and acceptable or floridate in registered agent, or both, in the State of Florida. I am familiar with, and acceptable or floridate in registered agent, or both, in the State of Florida. I am familiar with, and acceptable or floridate in registered agent, or both, in the State of Florida. I am familiar with, and acceptable or floridate in registered agent, or both, in the State of Florida. I am familiar with, and acceptable or floridate in registered agent, or both, in the State of Florida. I am familiar with, and acceptable or floridate in registered agent, or both, in the State of Florida. I am familiar with, and acceptable or floridate in registered agent, or both, in the State of Florida. I am familiar with, and acceptable or floridate in registered agent, or both, in the State of Floridate or floridate in registered agent, or both, in the State of Floridate or floridate in registered agent, or both, in the State of Floridate in Registered agent, or both, in the State of Floridate or floridate in registered agent, or both, in the State of Floridate in Registered agent, or both, in the State of Floridate in Registered agent, or both, in the State of Floridate in Regist	Zip	Country	Zìp	Country	5. Certificate of Status Desired \$8.75 Additional
COLLIGAN, CRAIG COLBY 7681 HIGH RIDGE ROAD BOYNTON BEACH FL 33426 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code 1. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable) Signature FLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE OULLIGAN, CRAIG COLBY STRET ADDRESS FOR 1 HIGH RIDGE ROAD BOYNTON BEACH FL 33426 OTY-ST-2P TILE WAVE STRET ADDRESS OTY-ST-2P TILE TI		6. Name and Address of Current	Registered Agent	1	
Delate Delat	COLLIGAN, CRAIG COLBY 7661 HIGH RIDGE ROAD				
Into explosion of registered agent. SIGNATURE				City	Zip Code
After May 1, 2003 Fee will be \$550.00 May Be Added to Feese Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS	the obligat	nons of registered agent.			
TITLE MAME TOCOLLIGAN, CRAIG COLBY TAGET ADDRESS TREET ADDRESS CITY-ST-2P TITLE MAME STREET ADDRESS CITY-ST-2P TITLE MAME	Afte	r May 1, 2003 Fee will be \$550.00	f State		· • • • • • • • • • • • • • • • • • • •
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES				11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME SIREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS	COLLIGAN, CRAIG COLBY 7661 HIGH RIDGE ROAD	☐ Celete	NAME STREET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS	,	☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS	1	☐ Delete	NAME STREET ADDRESS	☐ 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	NAME Street address		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Additio
intolated on this report of 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	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Additio
	of the corp changed,	Oration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that m	y signature shall have	ive the same legal effect as if made under oath; that I am an officer or director