FILED
Jun 26, 2003 8:00 am
Secretary of State

06-26-2003 90039 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000091591

1. Entity Name
PALKOWITSH CONSTRUCTION, INC.

(2)

Principal Place of Business	Mailing Address
104 LAUREL WAY PONTE VEDRA BEACH, FL 32082-3911	104 LAUREL WAY PONTE VEDRA BEACH, FL 32082-3911

2. Principal Place of Business	3. Mailing Address
5724 ELLESMERE PL	5724 ELLESMERE PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32836-5768 Country: USA	Zip: 32836-5768 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 74-3060009 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

PALKOWITSH, CHRIS B
104 LAUREL WAY
PONTE VEDRA BEACH, FL 32082-3911

7. Name and Address of New Registered Agent

Name: CHRIS B. PALKOWITSH
Street Address (P.O. Box Number is Not Acceptable): 5724 ELLESMERE PL
City: ORLANDO FL Zip Code: 32836

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: Chris B. Palkowitsh 6-23-2003
[illegible] (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
[illegible]
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	D	☐ Delete
NAME	PALKOWITSH, CHRIS B	
STREET ADDRESS	104 LAUREL WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 320823911	
TITLE	D	☐ Delete
NAME	WILKINSON, MARILYN J	
STREET ADDRESS	104 LAUREL WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 320823911	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME	CHRIS B. PALKOWITSH	
STREET ADDRESS	5724 ELLESMERE PL	
CITY-ST-ZIP	ORLANDO / FL / 32836-5768	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Chris B. Palkowitsh 6-23-2003 321-689-2038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #