

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2003 8:00 am
Secretary of State

06-10-2003 90035 021 ***150.00

DOCUMENT # P02000093330

1. Entity Name
PIRE CONSTRUCTION SERVICES INC.



Principal Place of Business
10768 KUSAIE DR SOUTH
JACKSONVILLE FL 32246

Mailing Address
10768 KUSAIE DR SOUTH
JACKSONVILLE FL 32246

2. Principal Place of Business
10768 KUSAIE DRIVE-S
Suite, Apt. #, etc.

3. Mailing Address
10768 KUSAIE DRIVE-S
Suite, Apt. #, etc.

City & State
Jacksonville Florida
Zip 32246 Country Duval

City & State
Jacksonville Florida
Zip 32246 Country Duval

4. FEI Number 50-00055-05

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, CAMILO
10768 KUSAIE DR. SOUTH
JACKSONVILLE FL 32246

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 DOMINGUEZ, CAMILO 10768 KUSAIE DR. SOUTH JACKSONVILLE FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMOS, HEYNA A 10768 KUSAIE DR. SOUTH JACKSONVILLE FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of Camilo Dominguez

04.20.03 (904) 645 3408

CR2E034 (10/02)