

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

09-12-2003 90089 024 \*\*\*150.00

0135994 AT

**DOCUMENT # P02000105256**

1. Entity Name  
**JAMES SCULLY CONSTRUCTION SERVICE, INC.**



Principal Place of Business  
**14417 OLIVER ST.  
LARGO FL 33774**

Mailing Address  
**P.O. BOX 988  
INDIAN ROCKS BEACH FL 33785**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**16-1646178**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCULLY, DAWN  
14417 OLIVER ST.  
LARGO FL 33774**

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

**PTD  
SCULLY, JAMES  
14417 OLIVER ST.  
LARGO FL 33774**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VS  
SCULLY, DAWN  
14417 OLIVER ST.  
LARGO FL 33774**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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STREET ADDRESS  
CITY-ST-ZIP

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Change  Addition

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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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: *James Scully*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-03 727-596-2606

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

90156527

#P02000165256

Sept 9, 2003

To whom it may Concern.

James Scully Const.  
Service Inc., Incorporated.  
on January 1, 2003. We do  
not recall receiving the  
un. Form business report.

I am enclosing a  
check for 150.00. If we  
are responsible to pay the  
400.00 fine, please contact  
us at 727-639-4327.

Thank you

James Scully