

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

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

07-10-2003 90114 013 ***550.00

DOCUMENT # P02000107029

1. Entity Name
PUENTE CONTRACTING, INC.



Principal Place of Business
**2420 WELCH ST
FT MYERS, FL 33901**

Mailing Address
**2420 WELCH ST
FT MYERS, FL 33901**

2. Principal Place of Business
Lee County

3. Mailing Address
2420 Welch St. FL 33901

Suite, Apt. #, etc.
2420 Welch St.

City & State
Ft. Myers, FL

City & State
Ft. Myers, FL

Zip
33901

Country
Lee

Zip
33901

Country
Lee



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
90-0052613

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**PUENTE, PAUL G
2420 WELCH ST
FT MYERS, FL 33901**

Office: **239-277-0871**
Cell: **239-825-9104**
FAX: **239-277-0871**

7. Name and Address of New Registered Agent
Name: **Anita G. Puente-Brown**
Street Address (P.O. Box Number is Not Acceptable)
5235 Outwood Mill Ln.
City: **Tallahassee** FL Zip Code: **32309**

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: **Anita G. Puente-Brown** DATE: **6/24/03**

(NOTE: Registered Agent's signature required when reinstating)

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 PUENTE, PAUL G 2420 WELCH ST FT MYERS, FL 33901 Office 239-277-7017 Cell 239-825-9104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUENTE, GRACIE 2420 WELCH ST FT MYERS, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Steven D. Cox 2420 Welch St. Ft. Myers, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: **Paul Puente** **Paul G. Puente** **7-7-03** **(239) 277-7017**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)