

04/14/2005

15:35

KERKERING BARBERIO & CO (BACK) → 5

FILED

Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90550 047 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000147173

1. Entity Name
U.Y. CONSTRUCTION COMPANY, INC.

Principal Place of Business

3400 S. TAMAMI TRAIL
SUITE 202
SARASOTA, FL 34239

Mailing Address

3400 S. TAMAMI TRAIL
SUITE 202
SARASOTA, FL 34239

20050000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142005

Chg-P

CR2E004 (10/05)

City & State

City & State

4. FEI Number

57-1195673

Applied For

Not Applicable

Zip

Country

Zip

Country

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

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIDDELL, JEFFERSON F
3400 S. TAMAMI TRAIL
SUITE 202
SARASOTA, FL 34239

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 the fee applicable.

(NOTE: Registered Agent signature required when withdrawing)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.009. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees10. OFFICERS AND DIRECTORS ☐ DeleteTITLE NAME
NAME YAVALAR, UFUK
STREET ADDRESS PO BOX 823
CITY-ST-ZIP ANNA MARIA, FL 34216TITLE NAME
NAME DVP8
STREET ADDRESS YAVALAR, CAROL
CITY-ST-ZIP 105 MAPLE AVENUE
ANNA MARIA, FL 34216TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 11 ☐ Change ☐ AdditionTITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME
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)(X), 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:

U. Yavalar

4/14/05 941-725-2245

941-778-1521