

FILED
09 APR 28 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PQ4000Q26369

1. Entity Name
ARTICULATE CONSTRUCTION, INC

Principal Place of Business
35140 QUEENS WAY
FRUITLAND PARK, FL 34731

Mailing Address
35140 QUEENS WAY
FRUITLAND PARK, FL 34731

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

6. Name and Address of Current Registered Agent

KENT, THOMAS A JR
35140 QUEENS WAY
FRUITLAND PARK, FL 34731

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

CityFLZip 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 \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PDS
KENT, THOMAS A JR
35140 QUEENS WAY
FRUITLAND PARK, FL 34731

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
SCHWARZ, WILLIAM C
8150 TREASURE ISLAND RD
LEESBURG, FL 34788

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 3-25-09 ✓ 352-434-57
Date Daytime Phone #

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TALLAHASSEE, FLORIDA



REINSTATEMENT

02244008 RELINQ CASE 098 (1/07) 08-0

4. FEI Number
20-0725250

Applied For
Not Applicable

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