FILED
Mar 30, 2005 8:00 am
Secretary of State
02-23-2005 90086 015 ****61.25
03-30-2005 90038 031 ****88.75

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000 144654

1. Entity Name
BW PAQUETTE CONSTRUCTION, INC.

DO NOT WRITE IN THIS SPACE

40042570

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6130 CLARK CENTER AVE.	
Suite, Apt. #, etc. UNIT 107	Suite, Apt. #, etc.
City & State SARASOTA, FL	City & State
Zip / Country 34238 / USA	Zip / Country

4. FEI Number 77-0651288 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BRUCE P. CHAPNICK

Street Address (P.O. Box Number is Not Acceptable): 2033 MAIN STREET, SUITE 600

City: SARASOTA FL Zip Code: 34237

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/SECRETARY/TREASURER/DIR. BRUCE W. PAQUETTE 516 BEACH ROAD, SARASOTA, FL 34238
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E037B (12/02)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2-18-05 941-9244592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #