

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31701

1. Entity Name

PETZOLDT CONSTRUCTION CO.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90001 011 ***150.00

Principal Place of Business

Mailing Address

~~5827 DRIFTWOOD PL~~
~~SARASOTA FL 34231~~

~~5827 DRIFTWOOD PL~~
~~SARASOTA FL 34231-3159~~

2. Principal Place of Business

3755 59th AVE. CIR. E.

3. Mailing Address

3755 59th AVE. CIR. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ELLINGTON, FL

City & State

ELLINGTON, FL

4. FEI Number

31-0722833

Applied For

Not Applicable

Zip

34222

Country

USA

Zip

34222

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETZOLDT, CURTIS S.

~~5827 DRIFTWOOD PL~~

~~SARASOTA FL 34231~~

Name

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

3755 59th AVE. CIR. E.

City

ELLINGTON

FL

Zip Code

34222

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD
NAME PETZOLDT, CURTIS S.
STREET ADDRESS 5827 DRIFTWOOD PL
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3755 59th AVE. CIR. E.
CITY-ST-ZIP ELLINGTON, FL 34222

TITLE STD
NAME BURNSIDE, KENT A
STREET ADDRESS 7322 52ND DR. E.
CITY-ST-ZIP BRADENTON FL 34203 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENT A. BURNSIDE Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.00

Date

941-776-5566

Daytime Phone #

CR2E034 (9/99)