

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90002 030 ***550.00

DOCUMENT # P40800

1. Entity Name

LARSON/DRM CONSTRUCTION SERVICES, INC.

Principal Place of Business

11764 MARCO BEACH DR
 STE 10
 JACKSONVILLE FL 32224
 US

Mailing Address

11764 MARCO BEACH DR
 SUITE 10
 JACKSONVILLE FL 32224
 US

2. Principal Place of Business

13500 SUTTON PARK DR. So

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 403

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32224

FL

4. FEI Number

33-0310743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOOKHOLT, CONNIE
11764 MARCO BEACH DR
STE 10
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name

Connie Bookholt

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

13500 SUTTON PARK DRIVE, South

Suite 403

City

Jacksonville

FL

Zip Code

32224

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

Connie Bookholt

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/1/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	C	<input type="checkbox"/> Delete
NAME	BOOKHOLT, PETER	
STREET ADDRESS	2712 FOX GLENN CT	
CITY-ST-ZIP	HURST TX	
TITLE	VC	<input type="checkbox"/> Delete
NAME	BOOKHOLT, CONNIE	
STREET ADDRESS	2712 FOX GLENN CT	
CITY-ST-ZIP	HURST TX	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOOKHOLT, CONNIE	
STREET ADDRESS	2712 FOX GLENN CT	
CITY-ST-ZIP	HURST TX	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter Bookholt	
STREET ADDRESS	3823 HUNT CLUB RD	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNIE BOOKHOLT	
STREET ADDRESS	3823 HUNT CLUB RD	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNIE BOOKHOLT	
STREET ADDRESS	3823 HUNT CLUB RD	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE:

Connie Bookholt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/00
 Date

904 620-8400
 Daytime Phone #