2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000008844

1. Entity Name

GARRETT CONSTRUCTION CORPORATION

Principal Place of Business 10021 ODEEN COOKE OF

Mailing Address

10001 CDEEN COOKE OF

LOXAHATCHEE FL 33470 US 2. Principal Place of Business			LOXAHATCHEE FL 33470 US					~ + ~	1 V	U		
			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State				FEI Number C5	007000		1 72	policed Cor	
·						4.		-0372265			oplied For ot Applicable	
Zip	Country		Zip	Count	untry		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						7.	Name and Addres	s of New Registe	ered Ag	ent		
0.5	DETT. 1.1101.101.10				Name						 +	
GARRETT, NICHOLAS 19631 GREEN GROVE CT					Street Address (P.O. Box Number is Not Acceptable)							
LOX	AHATCHEE FL 33470					1		. ,,,,				
					City				FL	Zip Cod	8	
8. The above	named entity submits this statemer	nt for the	purpose of changing its re	eaistere	d office or	registered a	gent or both in the	State of Florida				
SIGNATURE	Signature, typed or printed name of registered as	gent and tith	· · · · · · · · · · · · · · · · · · ·			ire required when	reinstating)	0	ATE			
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, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00		mpaign Financing Contribution.	· 🗆		O May Be to Fees	
11. OFFICERS AND DIRECTORS 1						Al	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	CDM		☐ Delete	TITLE						Change	☐ Addition	
NAME - STREET ADDRESS	GARRETT, NICHOLAS 15395-99TH-ST-N7			NAME		10631	Green G	rove Ct.				
CITY-ST-ZIP	WEST PALM BCH FL				T ADDRESS ST-ZIP	1965	leatalone	E1 331)	חל			
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NAME	MOORE, DOVE		□ Detete	NAME				_	. 19	Change	LT ADDITION	
STREET ADDRESS	15395-99TH-ST-N				T ADDRESS	19631	Green	Grove C	·+·			
CITY-ST-ZIP	WEST PALM BOH FL			CITY-	ST-ZIP	Loxal	hatchee.	FL 334	70			
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NAME				NAME	i i						ļ	
STREET ADDRESS . City-St-Zip					T ADDRESS							
-				CITY-:	51-ZIF					-		
TITLE Name			☐ Delete	TITLE	ŀ] Change	☐ Addition	
STREET ADDRESS				NAME STREE	T ADDRESS							

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 like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

FILED

May 03, 2001 8:00 am Secretary of State

05-03-2001 90985 035 ***150.00

☐ Change

☐ Change

Addition

Addition