

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000009518

1. Entity Name

BIG LAKE CONSTRUCTION, INC.

Principal Place of Business

2699 NW 16TH BLVD
OKEECHOBEE FL 34972
US

Mailing Address

PO BOX 1576
OKEECHOBEE FL 34973-1576
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0389429

Applied For

Not Applicable

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

BAKER, JOE
2600 NORTHWEST 63RD TERRACE
OKEECHOBEE FL 34972

Name

Street Address (P.O. Box Number is Not Acceptable)
2699 N.W. 16TH BLVD.

City

OKEECHOBEE

FL

Zip Code
34972

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 **JOE BAKER**



01-12-00

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

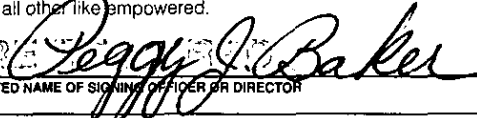
TITLE	VP	<input type="checkbox"/> Delete
NAME	GILL, MIKE	
STREET ADDRESS	22750 S.W. 65TH LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BAKER, JOE	
STREET ADDRESS	2600 N.W. 63RD TERRACE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BAKER, PEGGY	
STREET ADDRESS	2600 N.W. 63RD TERRACE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2699 N.W. 16TH BLVD.	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2699 N.W. 16TH BLVD.	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	
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 like empowered.

SIGNATURE:

PEGGY J. BAKER



01-12-00

863-763-6552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE