

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90084 001 ***300.00

DOCUMENT # P93000003917

1. Entity Name *

Cougar Construction Inc.



DO NOT WRITE IN THIS SPACE

66012791

2. Principal Place of Business

3389 Sheridan St

3. Mailing Address

Suite, Apt. #, etc

139

Suite, Apt. #, etc

DO NOT WRITE IN THIS SPACE

City & State

Hollywood FL

City & State

4. FEI Number

65-638661

Applied For

Not Applicable

Zip

33021

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Guy C Silla

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

3389 Sheridan St A 139

City

Hollywood

FL

Zip Code

33021

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointment)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	Guy C Silla	NAME	
STREET ADDRESS	3389 Sheridan St # 139	STREET ADDRESS	
CITY - ST - ZIP	Hollywood, FL 33021	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 10 or on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

FILED OR PRINTED NAME OF SECRETARY OF STATE

4.26.07

388.395.0015

CR2E034B (12/02)