

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90282 045 \*\*\*558.75

**DOCUMENT # P93000020953**

**1. Entity Name**  
**CON TECH CONSTRUCTION, CORP.**



**Principal Place of Business**  
**11548 DELMAR AVE**  
**ORLANDO FL 32836**

**Mailing Address**  
**11548 DELMAR AVE**  
**ORLANDO FL 32836**

**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** **59-3171894**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**JOAN HAUGHEY-C**  
**11548 DELMAR AVE**  
**ORLANDO FL 32836**

Name

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

City

**FL**

Zip Code

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
NAME **VPD HAUGHEY, ALAN**  
STREET ADDRESS **11548 DELMAR AVE**  
CITY-ST-ZIP **ORLANDO FL 32836**

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

TITLE ☐ Delete  
NAME **PD HAUGHEY, JOAN**  
STREET ADDRESS **11548 DELMAR AVE**  
CITY-ST-ZIP **ORLANDO FL 32836**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**  
**JOAN HAUGHEY, Pres.**

**8/4/03**

Date

**407-909-0278**

Daytime Phone #

CR2E034 (4/03)