

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000052117

1. Entity Name

**BELDEN-MORSE CONSTRUCTION, INC.**

**FILED**

**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90125 007 \*\*\*150.00

Principal Place of Business

1342 COLONIAL BLVD  
STE 31  
FT MYERS FL 33907  
US

Mailing Address

1342 COLONIAL BLVD  
SUITE 31  
FT MYERS FL 33907-1702  
US

2. Principal Place of Business

**1560 MATTHEW DRIVE**

3. Mailing Address

**1560 MATTHEW DRIVE**

Suite, Apt. #, etc.

**SUITE B**

Suite, Apt. #, etc.

**SUITE B**

City & State

**FORT MYERS, FL**

City & State

**FORT MYERS, FL**

Zip

**33907**

Country

**USA**

Zip

**33907**

Country

**USA**

4. FEI Number

**65-0451268**

Applied For

Not Applied For

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KRACKHARDT, PAUL**  
**820 HOFSTRA DR**  
**FT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name

**KRACKHARDT, PAUL**

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

**5831 TALLOWOOD CIRCLE**

City

**FORT MYERS**

**FL**

Zip Code

**33919**

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

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

TITLE ☐ Delete  
NAME **PTD**  
STREET ADDRESS **KRACKHARDT, PAUL**  
CITY-ST-ZIP **820 HOFSTRA DR**  
**FT MYERS FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **PTD**  
STREET ADDRESS **KRACKHARDT, PAUL**  
CITY-ST-ZIP **5831 TALLOWOOD CIRCLE**  
**FORT MYERS, FL 33907**

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

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

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

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

TITLE ☐ Change ☐ 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:

**PAUL KRACKHARDT PRES.**

Date

Daytime Phone #

**1/26/00 941.274.91**