

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90099 013 \*\*\*150.00

**DOCUMENT # P93000055190**

1. Entity Name

**FRANK IREY CONSTRUCTION, INC.**

Principal Place of Business

**LOT #6 DOPEY DRIVE  
LAKE BUENA VISTA FL 32830  
US**

Mailing Address

**PO BOX 22763  
LAKE BUENA VISTA FL 32830-2763  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-3194052**Applied For  
Not Applicable5. 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

**IREY, CANDY  
9210 CHARLES E. LIMPUS ROAD  
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.

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 | NAME            | STREET ADDRESS              | CITY-ST-ZIP      | <input type="checkbox"/> Delete |
|-------|-----------------|-----------------------------|------------------|---------------------------------|
| P     | IREY, WILLIAM G | 9210 CHARLES E. LIMPUS ROAD | ORLANDO FL 32836 |                                 |

| TITLE | NAME          | STREET ADDRESS              | CITY-ST-ZIP      | <input type="checkbox"/> Delete |
|-------|---------------|-----------------------------|------------------|---------------------------------|
| S T   | IREY, CANDY M | 9210 CHARLES E. LIMPUS ROAD | ORLANDO FL 32836 |                                 |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             |                                 |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             |                                 |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             |                                 |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00

Date

407-827-5199

Daytime Phone #