

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91088 027 ***158.75

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

DOCUMENT #P93000070734			
1. Entity Name MIKE BOLEBRUCH CONSTRUCTION, INC.			
Principal Place of Business 3530 TRAIL DAIRY CIRCLE NORTH FORT MYERS, FL 33917		Mailing Address 3530 TRAIL DAIRY CIRCLE NORTH FORT MYERS, FL 33917	
2. Principal Place of Business 5716 Flamingo Dr. Suite, Apt. #, etc.		3. Mailing Address 5716 Flamingo Dr. Suite, Apt. #, etc.	
City & State Cape Coral		City & State Cape Coral	
Zip 33904		Country USA	
4. FEI Number 45-0442272		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BOLEBRUCH, F M 3530 TRAIL DAIRY CIRCLE NORTH FORT MYERS, FL 33917 5716 Flamingo Dr Cape Coral FL 33904		7. Name and Address of New Registered Agent 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 Michael Bolebruch DATE 3-13-03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning.)			
FILE NOW WITH FEE IS \$150.00 After May 4, 2003 Fee will be \$550.00 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: PT NAME: BOLEBRUCH, F M ☐ Delete STREET ADDRESS: 3530 TRAIL DAIRY CIRCLE CITY-ST-ZIP: NORTH FORT MYERS, FL 33917		TITLE: PT ☒ Change ☐ Addition NAME: Bolebruch, F M STREET ADDRESS: 5716 Flamingo Dr. CITY-ST-ZIP: Cape Coral, FL 33904	
TITLE: VPS NAME: BOLEBRUCH, CHRISTINE E ☐ Delete STREET ADDRESS: 3530 TRAIL DAIRY CIRCLE CITY-ST-ZIP: NORTH FORT MYERS, FL 33917		TITLE: VPS ☒ Change ☐ Addition NAME: Bolebruch, Christine E STREET ADDRESS: 5716 Flamingo Dr. CITY-ST-ZIP: Cape Coral, FL 33904	
TITLE: ☐ Delete NAME: ☐ Delete STREET ADDRESS: ☐ Delete CITY-ST-ZIP: ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
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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 to this address, with or without other like empowered. SIGNATURE Christine Bolebruch DATE 3/13/03 DAYTIME PHONE # 239-540-3107 Signature and typed or printed name of signing officer or director			