

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90130 004 ***150.00

DOCUMENT # P93000072578

1. Entity Name
DAVID AULTZ CONSTRUCTION CO., INC.



Principal Place of Business
**8784 SE SANDCASTLE CIRCLE
HOBE SOUND FL 33455
US**

Mailing Address
**8784 SE SANDCASTLE CIRCLE
HOBE SOUND FL 33455
US**



2. Principal Place of Business

4315 S.W. Ludlum St.

Suite, Apt. #, etc.

3. Mailing Address

4315 S.W. Ludlum St.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Palm City, FL

Zip
34990

Country
US

City & State

Palm City, FL

Zip
34990

Country
U.S.

4. FEI Number

65-0440054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AULTZ, DAVID

**8784 S E SANDCASTLE CIRCLE
HOBE SOUND FL 33455**

Address Change

7. Name and Address of New Registered Agent

Name
AULTZ, David

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

4315 S.W. Ludlum St.

City
Palm City,

FL

Zip Code

34990

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

4-12-03

FILE NOW!!! FEE IS \$150.00
After May 1, 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

TITLE **VDP** ☐ Delete
NAME **AULTZ, DAVID**
STREET ADDRESS **7715 S.E. CROSSRIP ST.**
CITY-ST-ZIP **HOBE SOUND 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VDP** ☒ Change ☐ Addition
NAME **AULTZ, David** *Address*
STREET ADDRESS **4315 S.W. Ludlum St.**
CITY-ST-ZIP **Palm City, FL 34990**

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-03

Date

561-719-8906

Daytime Phone #

CR2E034 (10/02)