

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 22, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000024833**1. Entity Name
C.A. SISU CONTRACTING, INC.Principal Place of Business
3920 MANGROVE PLACE
GRANT FL
Mailing Address
3920 MANGROVE PLACE
GRANT FL2. Principal Place of Business
3920 MANGROVE PLACE
3. Mailing Address
3920 MANGROVE PLACESuite, Apt. #, etc.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
GRANT FL
City & State
GRANT FL4. FEI Number
59-3230144
Applied For
Not ApplicableZip
32949
Country
US
Zip
32949
Country
US
5. 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**SILAS DARLENE M
3920 MANGROVE PLACE

GRANT FL

Name
SILAS DARLENE M
Street Address (P.O. Box Number is Not Acceptable)
3920 MANGROVE PLACECity
GRANT FL
Zip Code
32949

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 **DARLENE M. SILAS****06/22/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SILAS MEL T
4806 REGINA DR
FORT PIERCE FL 34982 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SILAS GARY
3920 MANGROVE PLACE
GRANT FL 32949 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SILAS GARY
3920 MANGROVE PLACE
GRANT FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SILAS GARY
3920 MANGROVE PLACE
GRANT FL 32949 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
SILAS DARLENE M
3920 MANGROVE PLACE
GRANT FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
SILAS DARLENE M
3920 MANGROVE PLACE
GRANT FL 32949 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: Darlene M. Silas

Pres

06/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)