

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90956 033 ***150.00

DOCUMENT # P94000038100

1. Entity Name
STARCHOK CONTRACTING CO., INC.



Principal Place of Business

~~1260 NW 49 ST~~
~~POMPANO BEACH FL 33064~~
US

Mailing Address

~~PO BOX 50074~~
~~LIGHTHOUSE PT FL 33074~~
US

2. Principal Place of Business

3362 SW Himango ST
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 880925
Suite, Apt. #, etc.

City & State

Port Saint Lucie, FLA

City & State

Port Saint Lucie, FLA

Zip **34953**

Country **USA**

Zip **34988-0925**

Country **USA**

4. FEI Number

65-0498017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

STARCHOK, LAWRENCE G

~~1260 NW 49 ST~~

~~POMPANO BEACH FL 33064~~

7. Name and Address of New Registered Agent

Name **STARCHOK, LAWRENCE G**

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

3362 SW Himango St.

City **Port Saint Lucie**

FL

Zip Code **34953**

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

Lawrence G. Starchok (address change) **04-22-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	DPVS	<input type="checkbox"/> Delete
NAME	STARCHOK, LAWRENCE G	
STREET ADDRESS	1260 NW 49 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEVESQUE, PAUL	
STREET ADDRESS	1707 TAFT STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPVS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARCHOK, LAWRENCE G	
STREET ADDRESS	3362 SW Himango ST	
CITY-ST-ZIP	Port Saint Lucie, Fla. 34953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lawrence G. Starchok (04-22-03) (772) 7859018
772-528-0397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)