2002 Uniform Business Report (UBR)

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SIGNATURE:

Mar 27, 2002 8:00 am Secretary of State P94000058145 **DOCUMENT #** 1. Entity Name 03-27-2002 90022 041 ***150 00 STRAIT-LINE CONSTRUCTION OF SO. FLORIDA, INC. Mailing Address Principal Place of Business 4630 N. UNIVERSITY DR. 4352 NW 73RD WAY PMB 452 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33067 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0514472 Not Applicable Zip Country \$8.75 Additional Zip Country \Box 5. Certificate of Status Desired Fee Required -7.≂Name and Address of New Registered Agent≕-8. Name and Address of Current Registered Agent Name STAINTON, RONALD D Street Address (P.O. Box Number is Not Acceptable) 4352 NW 73RD WAY **CORAL SPRINGS FL 33065** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STAINTON, RONALD D NAME STREET ADDRESS STREET ADDRESS 4352 NW 73 WAY **CORAL SPRINGS FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STAINTON, DEBRA M STREET ADDRESS 4352 NW 73 WAY STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED