

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90324 007 ***150.00

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DOCUMENT # P94000093477

1. Entity Name
LARSON CONSTRUCTION INC.



Principal Place of Business
**2625 MORGAN RD
DELAND FL 32720
US**

Mailing Address
**2625 MORGAN RD
DELAND FL 32720
US**



2. Principal Place of Business

3. Mailing Address

2625 Morgan Rd
Suite, Apt. #, etc.

(Same)
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

DeLand FL

City & State

DeLand FL

4. FEI Number **59-3300833**

Applied For
Not Applicable

Zip **32720**

Country **USA**

Zip **32720**

Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LARSON, JOSEPH
2625 MORGAN RD
DELAND FL 32720**

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

Joseph A. Larson

4/25/03

(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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LARSON, JOSEPH A**
STREET ADDRESS **1405 WATERVIEW DR.**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **VPT** ☐ Delete
NAME **LARSON, POLLY A**
STREET ADDRESS **1405 WATERVIEW DRIVE**
CITY-ST-ZIP **DELTONA FL 32738**

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 **President** ☒ Change ☐ Addition
NAME **Larson, Joseph A**
STREET ADDRESS **2625 Morgan Rd.**
CITY-ST-ZIP **DeLand FL 32720** **address only**

TITLE **VPT.** ☒ Change ☐ Addition
NAME **Larson, Polly**
STREET ADDRESS **2625 Morgan Rd.**
CITY-ST-ZIP **DeLand FL 32720** **address only**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Joseph A. Larson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03
Date

(386) 240-1077
Daytime Phone #

CR2E034 (10/02)