

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-16-2003 90110 030 ***150.00

DOCUMENT # P95000011005

1. Entity Name
AULTZ CONSTRUCTION MANAGEMENT, INC.



Principal Place of Business
8784 S.E. SANDCASTLE CIRCLE
HOBE SOUND FL 33455

Mailing Address
8784 S.E. SANDCASTLE CIRCLE
HOBE SOUND FL 33455

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
U.S.

City & State
Palm City, FL
Zip
34990

Country
U.S.

4. FEI Number **65-0552968**

Applied For
Not Applicable

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

AULTZ, DAVID L.

8784 S.E. SANDCASTLE CIRCLE
HOBE SOUND FL 33455

Address Change

Name
AULTZ, David L.

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]*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **AULTZ, DAVID L.**
STREET ADDRESS **7715 S.E. CROSSRIP ST.**
CITY-ST-ZIP **HOBE SOUND FL 33455**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

4-12-03

561-719-8906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)