

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90377 015 ***150.00

DOCUMENT # P95000023417



1. Entity Name
NYBERG CONSTRUCTION, INC.

Principal Place of Business
**466 S.E. CARDINAL TRAIL
STUART FL 34997**

Mailing Address
**466 S.E. CARDINAL TRAIL
STUART FL 34997**

2. Principal Place of Business

7878 SW ELLIPSE WAY
Suite, Apt. #, etc.

3. Mailing Address

7878 SW ELLIPSE WAY
Suite, Apt. #, etc.

City & State
STUART, FL

City & State
STUART, FL

Zip
34997

Country
USA

Zip
34997

Country
USA

4. FEI Number **65-0562503**

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

GIANINO, PETER T
217 E. OCEAN BLVD.
STUART FL 34994

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

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 **DP** ☐ Delete
NAME **NYBERG, MATTHEW**
STREET ADDRESS **466 SE CARDINAL LTR.**
CITY-ST-ZIP **STUART FL**

TITLE **S** ☐ Delete
NAME **FOWLER, MICHAEL**
STREET ADDRESS **904 NW NEW PROVIDENCE RD**
CITY-ST-ZIP **STUART FL 34994**

TITLE **T** ☐ Delete
NAME **MALCOLMSON, ROBERT**
STREET ADDRESS **3485 SW MAPP ROAD**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☐ Delete
NAME **NYBERG, BETH A**
STREET ADDRESS **466 SE CARDINAL TRAIL**
CITY-ST-ZIP **STUART FL**

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **76 SW CABANA PT. CIRCLE**
CITY-ST-ZIP **STUART, FL 34994**

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:

BETH A NYBERG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

772-221-8945

CR2E034 (10/02)