## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Sep 12, 2002 8:00 am Secretary of State P95000061220 DOCUMENT # 1. Entity Name 09-12-2002 90093 021 \*\*\*550.00 CAPTIVA CONSTRUCTION CORPORATION Principal Place of Business Mailing Address POST OFFICE BOX 621 1881 N HIGHLAND ST 981330 CAPTIVA ISLAND FL 33924 ARLINGTON VA 22201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0607557 Not Applicable Country \_ ----Zip Country Zip **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent URKOVICH, RONALD S Street Address (P.O. Box Number is Not Acceptable) 2323 WOOSTER LANE STE 2 SANIBEL FL 33957 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition RITLAND, JON E NAME NAME 1881 N HIGHLAND ST STREET ADDRESS STREET ADDRESS **ARLINGTON VA 22201** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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 portion of the true of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607 portion of the true of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607 portion of the true of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607 portion of the true of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607 portion of the true of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607 portion of the receiver or trustee empowered to execute this report as required by Chapter 607 portion of the receiver or trustee empowered to execute this report as required by Chapter 607 portion of the receiver of trustee empowered to execute this report as required by Chapter 607 portion of the receiver of trustee empowered to execute this report as required by Chapter 607 portion of the receiver of trustee empowered to execute this report as required by Chapter 607 portion of the receiver of trustee empowered to execute this report as required by Chapter 607 portion of the receiver of the r changed, or on an attachment with an address

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