

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070858

1. Entity Name

FRED DIETZ CONSTRUCTION, INC.

Principal Place of Business

P O BOX 380340  
MURDOCK FL 33938

Mailing Address

P O BOX 380340  
MURDOCK FL 33938-0340

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0607894

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

DIETZ, FREDERICK A

4260 JAMES ST. UNIT C  
CHARLOTTE HARBOR, FL 33980

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01/06/2000

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	DIETZ, FREDERICK A	
STREET ADDRESS	P O BOX 380340 N/A	
CITY-ST-ZIP	MURDOCK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIETZ, ELLEN E	
STREET ADDRESS	P O BOX 380340 N/A	
CITY-ST-ZIP	MURDOCK FL 33938	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BERNARD V FAIRCLOTH JR	
STREET ADDRESS	P O BOX 380340 N/A	
CITY-ST-ZIP	MURDOCK FL 33938	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	65 ALWORTHY ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	220 HIGHPOINT DR.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID A WARD	
STREET ADDRESS	199 HARRISBURG ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/2000

Date

Daytime Phone #

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90117 043 \*\*\*150.00

806508



DO NOT WRITE IN THIS SPACE