

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90048 017 ***158.75

0338410

DOCUMENT # P95000071116

1. Entity Name

SYLLA CONSTRUCTION SERVICES, INC.

Principal Place of Business

**401 S. FLORIDA AVE.
 SUITE 300
 TAMPA FL 33602**

Mailing Address

**401 S. FLORIDA AVE.
 SUITE 300
 TAMPA FL 33602**

C0040485



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3415 Frontage Rd East

3415 Frontage Rd. East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

Suite B

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33607

US

33607

US

4. FEI Number **59-3339332**

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

SYLLA, CHEIKH T

401 S. FLORIDA AVE.

SUITE 300

TAMPA FL 33602

**3415 Frontage Rd. East
 Suite B
 Tampa, FL 33607**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **VST**
 STREET ADDRESS **SYLLA, CYNETTE D.**
 CITY-ST-ZIP **401 S FLORIDA AVE #300**
TAMPA FL 33602

TITLE ☒ Change ☐ Addition
 NAME **3415 Frontage Road East, Suite B**
 STREET ADDRESS **Tampa, FL 33607**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **SYLLA, CHEIKH T**
 CITY-ST-ZIP **401 S FLORIDA AVE #300**
TAMPA FL 33602

TITLE ☒ Change ☐ Addition
 NAME **3415 Frontage Road East, Suite B**
 STREET ADDRESS **Tampa, FL 33607**
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Cheikh T. Sylla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01

Date

(813) 281-1889 x 212

Daytime Phone #

CR2E034 (10/00)