## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P95000076423**

1. Entity Name

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

## DAVID BISTARKEY CONSTRUCTION, INC.

Principal Plac	e of Business	Mailing Address	Mailing Address						
1771 FLAMERVINE PL VALKARIA FL 32950		PO BOX 500203 MALABAR FL 32950-0203				1 ₩	0 T O		
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN T	HIS SPACE		
City & State	- e	City & State	City & State			545347532		Applied For Not Applicable	
Zip Country		Zip	Zip Country		5. (	5. Certificate of Status Desired   \$8.75 Additional Fee Required			
	6. Name and Address of Curre	ent Registered Agent		. *	- 7. N	lame and Address of New Registe	red Agent		
		<del></del>		Name					
Jacoby, David H 1581 Robert J Conlan Blvd., Ne				Street Address (P.O. Box Number is Not Acceptable)					
	E 100 1 BAY FL 32905								
IALI	I DAT TE GESGO			City			FL   Zip C	ode	
SIGNATURE  Signature, typed or printed name of registered agent and utle if applicable.  (NOTE:  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!!  After MAY 1, 2006 Make Check Payable				IS \$150.00 will be \$55	i0.00 of State	10. Election Campaign Financing Trust Fund Contribution.	∐ Add	.00 May Be	
11.	OFFICERS AN	ND DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bistarkey, David 1771 Flamevine Malabar Fl 32950	Delete	NAM . STR				☐ Chang	e 🗀 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BISTARKEY, DEBORA 1771 FLAMEVINE MALABAR FL 32950	☐ Delete	NAM STR				☐ Chang	e 🗖 Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	-	□ Deleti	NAM STR	1	-		☐ Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delet	NAM STR		· <del>.</del>		☐ Chang	e Addition	
TITLE	,,	☐ Delet					☐ Chang	e 🗔 Addition	

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

te Daytime Phone #

☐ Change

☐ Addition

**FILED** 

May 06, 2000 8:00 am Secretary of State 05-06-2000 90100 001 \*\*\*300.00