

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90077 020 ***150.00

DOCUMENT # P96000080553

1. Entity Name
CITRUS HILLS CONSTRUCTION COMPANY



Principal Place of Business
**2050 N BRENTWOOD CIR
LECANTO FL 34461**

Mailing Address
**2476 N. ESSEX AVE
HERNANDO FL 34442**



2. Principal Place of Business

2444 N. ESSEX AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HERNANDO, FL

City & State

Zip

34442

Country

USA

Zip

Country

4. FEI Number **59-3408925**

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

**ABEL, ERIC D
2476 N ESSEX AVENUE
HERNANDO FL 34442**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, 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	D	<input type="checkbox"/> Delete
NAME	TAMPOSI, STEPHEN A	
STREET ADDRESS	2476 N ESSEX AVENUE	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	D	<input type="checkbox"/> Delete
NAME	NASH, Q. PETER	
STREET ADDRESS	40 TEMPEL ST.	
CITY-ST-ZIP	NASHUA NH	
TITLE	T	<input type="checkbox"/> Delete
NAME	PASTOR, JOHN E	
STREET ADDRESS	2476 N ESSEX AVENUE	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	P	<input type="checkbox"/> Delete
NAME	DARIES, STANTON MICHAEL	
STREET ADDRESS	2050 N. BRENTWOOD CIRCLE	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	S	<input type="checkbox"/> Delete
NAME	ABEL, ERIC D	
STREET ADDRESS	2476 N. ESSEX AVE	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2444 N. ESSEX AVENUE	
CITY-ST-ZIP	HERNANDO, FL 34442	
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		

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:

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

7/11/07

(352) 746-6060

Date

Daytime Phone #

03/13/2003 10:00