

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90769 012 \*\*\*150.00

**DOCUMENT # P96000098133**

1. Entity Name  
**ROBERT M. CARON CONSTRUCTION, INC.**



Principal Place of Business  
**436 12TH PLACE SE  
VERO BEACH FL 32962**

Mailing Address  
**P.O. BOX 6671  
VERO BEACH FL 32961-6771**



2. Principal Place of Business  
**8500 Indrio Road**

3. Mailing Address

Suite, Apt. #, etc.  
**Ft. Pierce, FL**

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3410635**

Applied For  
Not Applicable

☒ CHECK HERE IF MAKING CHANGES

Zip **34951** Country **St. Lucie**

Zip Country

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

**CARON, ROBERT M  
436 12TH PLACE SE  
VERO BEACH FL 32962**

Name

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

**8500 Indrio Road**

City **Ft. Pierce**

FL

Zip Code **34951**

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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>CARON, ROBERT M</b>	
STREET ADDRESS <b>436 12TH PLACE SE</b>	
CITY-ST-ZIP <b>VERO BEACH FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>CARON, SUSAN</b>	
STREET ADDRESS <b>436 12TH PLACE SE</b>	
CITY-ST-ZIP <b>VERO BCH FL</b>	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>8500 Indrio Road</b>	
CITY-ST-ZIP <b>Ft. Pierce, FL 34951</b>	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>8500 Indrio Road</b>	
CITY-ST-ZIP <b>Ft. Pierce, FL 34951</b>	
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	
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

**4-9-03 772-562-6719**

Date

Daytime Phone #

CR2E034 (10/02)