

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025459

1. Entity Name

SIRCHMIT PRECONSTRUCTION SERVICES, INC.

FILED

Apr 11, 2000 8:00 am  
Secretary of State

04-11-2000 90228 028 \*\*\*150.00

Principal Place of Business

Mailing Address

9349 HAPPY TRAIL  
BROOKSVILLE FL 34601

9349 HAPPY TRAIL  
BROOKSVILLE FL 34601

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 59-3436439

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

WHITTUM, CHRISTINE  
9349 HAPPY TRAIL  
BROOKSVILLE FL 34601

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WHITTUM, CHRISTINE	
STREET ADDRESS	9349 HAPPY TRAIL	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COPPOLA, TIMOTHY	
STREET ADDRESS	9349 HAPPY TRAIL	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Christine Whittum* - Christine Whittum 3-11-00 813-453-1051  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)