2000 UNIFORM BUSINESS REPORT (UBR)

[redacted]

05-21-2001 90372 018 ***900.00
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FILED
01 JUL 16 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

769632

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000027478

1. Entity Name
R.J. LONGBOAT & SONS CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
5701 126TH AVE N CLEARWATER FL 33760 US	5701 126TH AVE N CLEARWATER FL 33760 US

2. Principal Place of Business	3. Mailing Address
5701 126 Ave N	6822 82 Ave N
Suite, Apt. #, etc. Clearwater	Suite, Apt. #, etc. # 321
City & State Florida	City & State St. Pete Fla
Zip 33760 Country Pinellas	Zip 33710 Country Pinellas

4. FEI Number 59-3486726 — 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
LONGBOAT, ROBERT J 9575 59 AVE NORTH ST PETERSBURG FL 33708	Name: Herbert Boots Street Address (P.O. Box Number is Not Acceptable): 3836-Central Ave City: St. Petersburg, Fla FL Zip Code 33733

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D LONGBOAT, ROBERT J 9575 59 AVE NORTH ST PETERSBURG FL 33708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT

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: SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 5-16-01 — Daytime Phone # (727) 592-0904

CR2E034 (5/00)