

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90456 046 ***150.00

DOCUMENT # P97000044529

1. Entity Name

UHLAR CONSTRUCTION, INC.



Principal Place of Business

P O BOX 350892

PALM COAST FL 32135-0892

Mailing Address

P O BOX 350892

PALM COAST FL 32135-0892

2. Principal Place of Business

4 FLAXTON CT.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PALM COAST, FL

City & State

Zip

32137

Country

FLAGLER

Country

4. FEI Number

59-3453710

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

DONALD W. DUNCAN, P.A.
25 FLORIDA PARK DRIVE NORTH
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name Donald W. Duncan, P.A.

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

21 Old Kings Road Suite B-110

City Palm Coast

FL

Zip Code 32137

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]

DONALD W. DUNCAN

4/15/03

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 PT
NAME UHLAR, JOZEF
STREET ADDRESS 4 FLAXTON PL
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE VPS
NAME UHLAR, GABRIELA
STREET ADDRESS 4 FLAXTON PL
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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] GABRIELA UHLAR V.P. 4/15/03 3868466518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)