

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

0575282 AV

DOCUMENT # P97000061305	
1. Entity Name NEW PHASE CONSTRUCTION, INC.	

Principal Place of Business 10787 S.W. 100TH AVENUE OCALA FL 34481	Mailing Address 10787 S.W. 100TH AVENUE OCALA FL 34481
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3457463	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8:75 Additional Fee Required	

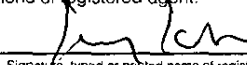
6. Name and Address of Current Registered Agent

TABOR, TERRY J
10787 S.W. 100TH AVENUE
OCALA FL 34481

7. Name and Address of New Registered Agent

Name: TERRY TABOR J
Street Address (P.O. Box Number is Not Acceptable): 6700 E HWY 326
City: SILVER SPRINGS FL Zip Code: 34488

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:  DATE: 5-25-03

(NOTE: Registered Agent signature required when reinstating)

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
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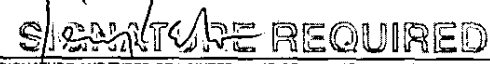
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TABOR, TERRY J 10787 S.W. 100 AVE. OCALA FL 34481	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSM TABOR, JESUALDA M 10787 SW 100 AVE OCALA FL 34481	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS 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 STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-03

Date: Daytime Phone #

CR2E034 (10/02)