2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071634

FILED
May 02, 2001 8:00 am
Secretary of State
05-02-2001 90012 035 ***150.00

1. Entity Name
KARGAR CONSTRUCTION INC.

Principal Place of Business	Mailing Address
1620 S CLYDE MORRIS BLVD STE 200 DAYTONA BEACH FL 32119 US	1620 S CLYDE MORRIS BLVD STE 200 DAYTONA BEACH FL 32119 US

965701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
555 W. Granada Blvd.	555 W. Granada Blvd.
Suite, Apt. #, etc. C-4	Suite, Apt. #, etc. C-4
City & State Ormond Bch, FL	City & State Ormond Bch, FL
Zip 32174 / Country USA	Zip 32174 / Country USA

4. FEI Number 59-3470338 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUGHES, BARRY E
1620 S CLYDE MORRIS BLVD
STE 200
SOUTH DAYTONA FL 32119

7. Name and Address of New Registered Agent

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.

X SIGNATURE [signature] 04-27-01
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D KARGER, MICHAEL P O BOX 1215 N/A PORT ORANGE FL 32129 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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] 01-15-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #