

2006 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072798

1. Entity Name

SANKIN BUILDING CONTRACTORS INC

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90412 019 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8336 GOLDSOME DR

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PORT RICHEY FL

City & State

PORT RICHEY FL

Zip

34668

Country

PASCO

Zip

PORT RICHEY FL

Country

PASCO

4. FEI Number

59-3464329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WESSEL JACOBS

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

8336 GOLDSOME DR

City

PORT RICHEY

FL

Zip Code

34668

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IN THIS SPACE

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DIR.
WESSEL JACOBS
8336 GOLDSOME DR
PORT RICHEY FL 34668

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #