

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000079054**

1. Entity Name

BRIAN STUCKEY RESIDENTIAL CONTRACTOR, INC.**FILED**
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90020 048 ***550.00

Principal Place of Business

1960 PINE RANCH DRIVE
NAVAREE FL 32566

Mailing Address

1960 PINE RANCH DRIVE
NAVAREE FL 32566

2. Principal Place of Business

8371 MERCADO ST.

Suite, Apt. #, etc.

3. Mailing Address

8371 MERCADO ST.

Suite, Apt. #, etc.

City & State

NAVARRE FL

City & State

NAVARRE FL

Zip

32566

Country

Zip

32566

Country

4. FEI Number

59-3468464

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

STUCKEY, BRIAN
1960 PINE RANCH DRIVE
NAVAREE FL 32566

7. Name and Address of New Registered Agent

Name

BRIAN STUCKEY

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

8371 MERCADO ST.

City

NAVARRE**FL**

Zip Code

32566

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

Brian Stuckey **BRIAN STUCKEY****9-7-00**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **STUCKEY, BRIAN**
STREET ADDRESS **1960 PINE RANCH DR.**
CITY-ST-ZIP **NAVARRE FL 32566**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **BRIAN STUCKEY**
STREET ADDRESS **8371 MERCADO ST.**
CITY-ST-ZIP **NAVARRE, FL 32566**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Stuckey **BRIAN STUCKEY** **9-7-00** **(850) 450-2501**

Date

Daytime Phone #

CR2E034 (5/00)