

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082041

1. Entity Name

SUNTIDE CONSTRUCTION, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90263 007 ***150.00

Principal Place of Business

Mailing Address

725 N. A1A, STE. A-104
JUPITER FL 33477-WOOD

725 N. A1A, STE. A-104
JUPITER FL 33477-4561



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Palm Beach County

P.O. Box

Suite, Apt. #, etc.
SAME AS ABOVE

Suite, Apt. #, etc.
SAME AS ABOVE

City & State
Jupiter, Fla.

City & State
Jupiter Fla.

4. FEI Number 65-0787062

☒ Applied For
☐ Not Applicable

Zip
334156

Country

Zip
334165

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, WILLIAM S
725 N. A1A, STE. A-104
JUPITER FL 33477-WOOD

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/00

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS WHITESIDE, DICK
CITY-ST-ZIP 725 N. A1A, STE. A-104
JUPITER FL 33477-WOOD

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

TITLE ☐ Delete
NAME See
STREET ADDRESS Wayne Hermann
CITY-ST-ZIP 725 N A1A Ste A-104
Jupiter Fla. 33477-WOOD

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

Date

Daytime Phone #

4/30/00

CR2E034 (9/99)