

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90240 032 ***150.00

DOCUMENT # P97000099638



1. Entity Name
STS CONSTRUCTION CORP.

Principal Place of Business
**431 CYPRESS STREET
INDIALANTIC FL 32903**

Mailing Address
**431 CYPRESS STREET
INDIALANTIC FL 32903**

2. Principal Place of Business
8710 S. Hwy A1A

3. Mailing Address
8710 S. Hwy A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Melbourne Beach, FL

City & State
Melbourne Beach, FL

4. FEI Number **59-3479382**

Applied For
Not Applicable

Zip
32951

Country
USA

Zip
32951

Country
USA

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

6. Name and Address of Current Registered Agent

**MCKENZIE, STEPHEN M
431 CYPRESS STREET
INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

Name
McKenzie, Stephen M
Street Address (P.O. Box Number is Not Acceptable)
8710 S Hwy A1A
City **Melbourne Beach** **FL** Zip Code **32951**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MCKENZIE, STEPHEN M**
STREET ADDRESS **431 CYPRESS ST**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **V** ☐ Delete
NAME **DONNELLY, TRACIE**
STREET ADDRESS **431 CYPRESS STREET**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **McKenzie, Stephen M**
STREET ADDRESS **8710 S Hwy A1A**
CITY-ST-ZIP **Melbourne Beach, FL 32951**

TITLE **V** ☒ Change ☐ Addition
NAME **Donnelly, Tracie**
STREET ADDRESS **8710 S Hwy A1A**
CITY-ST-ZIP **Melbourne Beach, FL 32951**

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

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

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

3-28-03

(321)952-1917

Date

Daytime Phone #

CR2E034 (10/02)