

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90305 012 ***158.75

NT77474R
 AV

DOCUMENT # P980000003073

1. Entity Name
BULLDOG CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

**562 ANTOINETTE ST.
 DELTONA FL 32725**

**562 ANTOINETTE ST.
 DELTONA FL 32725**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3490339

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUTILLO, CHRISTOPHER M
 562 ANTOINETTE ST.
 DELTONA FL 32725**

DI

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

**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, 2002 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	PSVT CUTILLO, CHRISTOPHER M	☐ Delete
STREET ADDRESS	562 ANTOINETTE ST.	
CITY- ST- ZIP	DELTONA FL 32725	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY- ST- ZIP		

TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		☐ Change ☐ Addition
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 VIDEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)