

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006727

1. Entity Name

FUNDORA CONSTRUCTION, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90023 003 ***150.00

Principal Place of Business

1217 NORTHEAST 9TH STREET
 CAPE CORAL FL 33909

Mailing Address

1217 NORTHEAST 9TH STREET
 CAPE CORAL FL 33917-6838

2. Principal Place of Business

3591 North Road

Suite, Apt. #, etc.

3. Mailing Address

3591 North Road

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. Ft Myers FL

City & State

N. Ft Myers FL

4. FEI Number

65-0698310

Applied For

Not Applicable

Zip

33917

Country

Zip

33917

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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, 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

TITLE PD
 NAME FUNDORA, RODOLFO
 STREET ADDRESS 1217 NORTHEAST 9TH STREET
 CITY-ST-ZIP CAPE CORAL FL 33909 ☐ Delete

TITLE STD
 NAME FUNDORA, LISA R
 STREET ADDRESS 1217 NORTHEAST 9TH STREET
 CITY-ST-ZIP CAPE CORAL FL 33909 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS 3591 North Road
 CITY-ST-ZIP N. Ft Myers FL 33917 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS 3591 North Road
 CITY-ST-ZIP N. Ft Myers FL 33917 ☒ Change ☐ Addition

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

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

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

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

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

4-30-00

Date

(941) 470-9984

Daytime Phone #

CR2E034 (9/99)