

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


**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

0004302 AV

04-25-2003 90183 001 \*\*\*150.00

**DOCUMENT # P98000007896**

1. Entity Name  
**SITE-TECH CONSTRUCTION, INC.**



Principal Place of Business  
**RT. 5 BOX 4260  
LAKE BUTLER FL 32054**

Mailing Address  
**RT. 5 BOX 4260  
LAKE BUTLER FL 32054**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3507354**

Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**METCALF, DAVID J  
2066 THOMASVILLE ROAD  
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name **Stephen Hendricks**  
Street Address (P.O. Box Number is Not Acceptable)  
**Rt. 5 Box 4260**  
City **LAKE BUTLER** FL Zip Code **32054**

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 *Stephen Hendricks* DATE **MARCH 5, 2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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          | <b>D</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>HENDRICKS, JASON</b>     |  |
| STREET ADDRESS | <b>RT 4 BOX 3705</b>        |  |
| CITY-ST-ZIP    | <b>LAKE BUTLER FL 32054</b> |  |
| TITLE          | <b>P</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>HENDRICKS, STEPHEN</b>   |  |
| STREET ADDRESS | <b>RT 5 BOX 4260</b>        |  |
| CITY-ST-ZIP    | <b>LAKE BUTLER FL 32054</b> |  |
| TITLE          | <b>ST</b>                   | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>SMITH, WAYNE</b>         |  |
| STREET ADDRESS | <b>RT. 5 BOX 4260</b>       |  |
| CITY-ST-ZIP    | <b>LAKE BUTLER FL 32054</b> |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Stephen Hendricks* DATE **3/5/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

**(386) 496-2174**