

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000017542**

Entity Name

**KONITZER CONSTRUCTION & RESTORATION INC.****FILED****May 19, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90079 040 \*\*\*150.00

Principal Place of Business	Mailing Address
APOLLO BEACH BLVD APOLLO BEACH FL 33572	205 APOLLO BEACH BLVD #104 APOLLO BEACH FL 33570-0964

Principal Place of Business	3. Mailing Address
807 BLUE HERON BLVD Suite, Apt. #, etc.	P.O. Box 964 Suite, Apt. #, etc.

City & State	City & State
RUSKIN FL	Ruskin FL
Zip	Zip
33570	33570
Country	Country
Hillsboro	Hillsboro

4. FEI Number	59-3506814	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KONITZER, MELISSA F  
205 APOLLO BEACH BLVD  
#104  
APOLLO BEACH FL 33572

Name	Melissa F. Konitzer
Street Address (P.O. Box Number is Not Acceptable)	
City	Ruskin
State	FL
Zip Code	33570

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 \_\_\_\_\_ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D KONITZER, MELISSA	POST OFFICE BOX 2456	RIVERVIEW FL 33568-2456	<input checked="" type="checkbox"/>	
	President Melissa F. Konitzer	807 Blue Heron Blvd.	RUSKIN FL 33570	<input type="checkbox"/>	
	VICE President Brian P. Konitzer	807 Blue Heron Blvd	RUSKIN, FL 33570	<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

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 #

CR2E034 (9/99)