

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 20, 2000 08:00 AM
Secretary of State

DOCUMENT # P98000024666

1. Entity Name
LEO PFLIGER CONSTRUCTION, INC.

Principal Place of Business 11256 CARNEGIE AVENUE ENGLEWOOD FL 34224	Mailing Address 11256 CARNEGIE AVENUE ENGLEWOOD FL 34224
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2. Principal Place of Business 339 N OXFORD DR	3. Mailing Address 339 N OXFORD DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State ENGLEWOOD FL	City & State ENGLEWOOD FL	4. FEI Number 65-0972272	Applied For <input type="checkbox"/> Not Applicable
Zip 34223	Country US	Zip 34223	Country US

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

PFLIGER LEO P
 11256 CARNEGIE AVENUE
 ENGLEWOOD FL 34224
 US

7. Name and Address of New Registered Agent

Name
 PFLIGER LEO P
 Street Address (P.O. Box Number is Not Acceptable)
 339 N OXFORD DR
 City
 ENGLEWOOD FL Zip Code
 34223

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 **LEO PFLIGER**

06/20/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANKLIN STEPHANIE B 7022 LARKIN ST ENGLEWOOD FL 34224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PFLIGER PAMELA D 339 N OXFORD DR ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PFLIGER LEO P 339 N OXFORD DR ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 - Stephanie Franklin

06/20/2000