

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90020 044 ***150.00

DOCUMENT # **P98000038815**

1. Entity Name
STATEWIDE CONSTRUCTION & management, INC

Principal Place of Business
**5260 EAGLE CAY WAY
COCONUT CREEK, FL
33073**

Mailing Address
**5440 N. STATE RD 7 #1
Ft. Lauderdale, FL 33319**

2. Principal Place of Business
1515 N. UNIVERSITY DRIVE
Suite, Apt. #, etc.
103B
City & State
Coral Springs FL
Zip
33071 Country
USA

3. Mailing Address
1515 N UNIVERSITY DRIVE
Suite, Apt. #, etc.
103B
City & State
Coral Springs FL
Zip
33071 Country
USA

DO NOT WRITE IN THIS SPACE

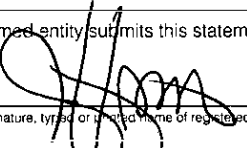
4. FEI Number
05-0829806

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

6. Name and Address of Current Registered Agent
**JASON FRYBERGH
5260 EAGLE CAY WAY
COCONUT CREEK, FL 33073**

7. Name and Address of New Registered Agent
Name **JASON FRYBERGH**
Street Address (P.O. Box Number is Not Acceptable)
1515 N UNIVERSITY DRIVE #103B
City **Coral Springs** FL Zip Code **33071**

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  **JASON F FRYBERGH** DATE **4-7-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PRESIDENT, VP, T, S	<input type="checkbox"/> Delete	TITLE PRESIDENT, VP,	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JASON FRYBERGH		NAME JASON FRYBERGH	
STREET ADDRESS 5260 EAGLE CAY WAY		STREET ADDRESS 1515 N. UNIVERSITY DRIVE #103B	
CITY-ST-ZIP COCONUT CREEK FL 33073		CITY-ST-ZIP Coral Springs, FL 33071	
TITLE	<input type="checkbox"/> Delete	TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Rosemary Perillo	
STREET ADDRESS		STREET ADDRESS 1515 N. UNIVERSITY DRIVE #103B	
CITY-ST-ZIP		CITY-ST-ZIP Coral Springs, FL 33071	
TITLE	<input type="checkbox"/> Delete	TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME LORI B FRYBERGH	
STREET ADDRESS		STREET ADDRESS 1515 N. UNIVERSITY DRIVE #103B	
CITY-ST-ZIP		CITY-ST-ZIP Coral Springs, FL 33071	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **- President JASON F FRYBERGH** Date **4/7/00** Daytime Phone # **954-752-4755**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)