

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 91522 003 \*\*\*158.75

0186153 AV

**DOCUMENT # P98000038815**

1. Entity Name  
**STATEWIDE CONSTRUCTION & MANAGEMENT, INC.**

Principal Place of Business  
**1500 N. UNIVERSITY DRIVE  
 SUITE 105  
 CORAL SPRINGS FL 33071  
 US**

Mailing Address  
**1500 N. UNIVERSITY DRIVE  
 SUITE 105  
 CORAL SPRINGS FL 33071  
 US**

**434748**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1500 N. Univ Dr.**  
 Suite, Apt. #, etc.  
**#105**

3. Mailing Address  
**1500 Univ Dr.**  
 Suite, Apt. #, etc.  
**105**

City & State  
**C SPRINGS**  
 Zip  
**71**

City & State  
**Coral Spgs, FL**  
 Zip  
**33071**

4. FEI Number  
**65-0829806**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FRYBERGH, JASON  
 1500 N. UNIVERSITY DRIVE  
 SUITE 105  
 CORAL SPRINGS FL 33071**

**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, 2002 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	<b>P FRYBERGH, JASON 1284 NW 100 AVE CORAL SPRINGS FL 33071</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PERILLO, ROSEMARY 1500 N-UNIVERSITY DRIVE, STE 105 CORAL SPRINGS FL 33071</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TVP FRYBERGH, LORI B 1284 N.W. 100 AVE. CORAL SPRINGS FL 33071</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)