

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P 98000043731

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90221 004 ***150.00

Stratford General Contractors, Inc.

Principal Place of Business

1786 Lago Vista Blvd.
Palm Harbor, Florida 34685

Mailing Address

1786 Lago Vista Blvd
Palm Harbor, Florida 34685

2. Principal Place of Business

1786 Lago Vista Blvd
Suite, Apt. #, etc.

3. Mailing Address

1786 Lago Vista Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Palm Harbor, Florida
Zip 34685
Country U.S.
Pinellas

City & State
Palm Harbor, Florida
Zip 34685
Country U.S.
Pinellas

4. FEI Number

59-3519399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Jeanine LaBonte
1786 Lago Vista Blvd
Palm Harbor, Florida 34685

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

Jeanine LaBonte, Jeanine LaBonte

4/17/2000

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	DP	<input type="checkbox"/> Delete
NAME	RAYMOND LABONTE	
STREET ADDRESS	1786 LAGO VISTA BLVD	
CITY-ST-ZIP	PALM HARBOR, FLORIDA 34685	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JEANINE LABONTE	
STREET ADDRESS	1786 LAGO VISTA BLVD	
CITY-ST-ZIP	PALM HARBOR, FLORIDA 34685	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Jeanine LaBonte, Jeanine LaBonte

4/17/2000

(727) 786-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)