

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90163 022 ***150.00

DOCUMENT # P98000046562

1. Entity Name

DAREN T. OVITT CONTRACTING, INC.

Principal Place of Business

**813 MINNESOTA AVENUE
 SATSUMA FL 32189**

Mailing Address

**POST OFFICE BOX 661
 SATSUMA FL 32189**

2. Principal Place of Business

2490 WORTH LANE

Suite, Apt. #, etc.

3. Mailing Address

2490 WORTH LANE

Suite, Apt. #, etc.

City & State

DELTONA FL

City & State

DELTONA FL

Zip

Country

32738

Zip

Country

32738

4. FEI Number

59-3513238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

AMERILAWYER

343 ALMERIA AVENUE

CORAL GABLES FL 33134

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

TITLE **PSTD** ☐ Delete
 NAME **OVITT, DAREN T**
 STREET ADDRESS **813 MINNESOTA AVENUE**
 CITY-ST-ZIP **SATSUMA FL 32189**

TITLE **VP** ☐ Delete
 NAME **POPE, ROBERT**
 STREET ADDRESS **813 MINNESOTA AVE**
 CITY-ST-ZIP **SATSUMA FL 32189**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2490 WORTH LANE**
 CITY-ST-ZIP **DELTONA, FL 32738**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **SATSUMA**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 files empowered.

SIGNATURE

DAREN T. OVITT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/02
 Date

386-532-9200
 Daytime Phone #

0508177 AT

CR2E034 (9/01)