

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90007 001 ***150.00

DOCUMENT # P9800 0069214
1. Entity Name

Culpepper Construction Inc.

Principal Place of Business
Mailing Address

2. Principal Place of Business 803 South MacDill Ave.
3. Mailing Address

Suite, Apt. #, etc.
City & State TAMPA, FLORIDA
Zip 33609
Country USA

4. FEI Number 59-3528110
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
 Steven P. Riley
 3333 Henderson Blvd #150
 Tampa, FL 33609

7. Name and Address of New Registered Agent
Name Steven P. Riley
Street Address (P.O. Box Number is Not Acceptable) 4805 W. Laurel St. Suite 230
City TAMPA **FL** **Zip** 33607

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 STEVEN P. RILEY
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 4/19/2000

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CULPEPPER, ROBERT MATTHEW		NAME		
CITY-ST-ZIP	803 S. MACDILL AVENUE		STREET ADDRESS		
	TAMPA) FL 33609		CITY-ST-ZIP		
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	SEYMOUR, JONATHAN C.		NAME		
CITY-ST-ZIP	305 BOSPHORUS AVENUE		STREET ADDRESS		
	TAMPA, FL 33606		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	SEYMOUR, JEFFREY C.		NAME		
CITY-ST-ZIP	345 BAYSHORE BLVD. 1504		STREET ADDRESS		
	TAMPA, FL 33606		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY-ST-ZIP			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: [Signature] PRESIDENT
 Signature and typed or printed name of signing officer or director
DATE 4/19/2000 **Daytime Phone #** (813) 353-1900

CR2E034 (9/99)