## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P98000077809 **DOCUMENT #**

1. Entity Name



## **FILED** Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90078 026 \*\*\*158.75

| Suite, Apl. #, etc.    Suite, Apl. #, etc.   City & State   City & State   A. FEI Number 59-3536780   A. Applied Tec.  | CARROLL                         | J. NEYREY CONSTRUCT  | ION CO. I     | NC.          |                |  | '           |  |                 |                             |              |
|--|---------------------------------|--|---------------|--------------|----------------|--|-------------|--|-----------------|-----------------------------|--------------|
| 2. Mailing Address   3. Mailing Address   5. Suite. Apt. #, etc.   CHECK HERE IF MAKING CHANGES   Suite. Apt. #, etc.   Check Here IF MAKING CHANGES   A. FEI Number 59-3536780   Applied 76th Not Applicable   Applied 76th Not Applicable   Applied 76th Not Applicable   Applied 76th Not Applicable   Applied 76th Not Address of Not Not Address o     | 295 ORANGE ST                   | T  | PO BOX        | 937          | <del></del> .  |  |             |  |                 |                             |              |
| City & State    City & State   Country   Zip   Country   S. Cartificate of Status Desired   S. S. 75 Additional Fee Required   S. S. 75 Additional Fee Required   S. Cartificate of Status Desired   S. S. 75 Additional Fee Required   S. S. 75 Additional Fee Required   S. Cartificate of Status Desired   S. S. 75 Additional Fee Required   S. Cartificate of Status Desired   S. S. 75 Additional Fee Required   S. Cartificate of Status Desired   S. S. 75 Additional Fee Required   S. Cartificate of Status Desired   S. Cartificate   S. Cartifica   | 2. Principal Pla                | ace of Business  | 3. Mailing    | Address      | -              |  |             | i ideitaet tilb teret totti govit oorit a  | 8)(† 88(S) (46) | 18 <b>36</b>   16111 691    | IN INII INNI |
| Cry & State  Country  Country  S. Countr   | Suite, Apt. #                   | , etc.   | Suite,        | Apt. #, etc. |                |  |             | CHECK HERE IF                              | MAKING C        |                             |              |
| SName and Address of Current Registered Agent - Name and Address of New Registered Agent - Name and Address       | City & State                    |  | City & State  |              |                |  | <b>4.</b> F | 59-3536780                                 |                 |                             |              |
| NETREY, CARROLL J 295 ORANGE ST OZONA FL 34660  City FL Zip Code     | Zip                             | Country  | Zip           |              | Coun           | try  | <b>5.</b> C | Certificate of Status Desired              | \$ F            | <b>8.75</b> Addite Required | ional        |
| NEYREY, CARROLL J 285 ORANGE ST OZONA FL 34660  City FL Zip Code     |                                 | C. Name and Address of Currel  | nt Registered | Agent        |                |  | 7. N        | ame and Address of New Reg                 | istered Ag      | ent -                       | -            |
| Support Address (P.O. Box Number is Not Acceptable)  | 750                             | 0. Name and Address of Cantal  |               |              |                | Name   |             |  |                 |                             |              |
| 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITILE  NAME.  SIRET ADDRESS  OITY-51-ZIP  OZONA FL 34660  ITILE  NAME  SIRET ADDRESS  OITY-51-ZIP  OZONA FL 34660  TITLE  NAME  SIRET ADDRESS  OITY-51-ZIP  TOTAL  Change Addit  ADDRESS  OITY-51-ZIP  Change   | NEYREY, CARROLL J               |  |               |              |                | Street Address (P.O. Box Number is Not Acceptable) |             |  |                 |                             |              |
| City   FL   Zip Code   |                                 |  |               |              |                |  |             |  |                 |                             | _            |
| SIGNATURE  FILE NOW!!! FEE IS, \$150.00 Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridad Department of State  10. OFFICERS AND DIRECTORS  TITLE J NAME STREET ADDRESS CITY-51-739  TITLE D NEYREY, CARROLL J 295 ORANGE STREET OZONA FL 34660  TITLE NAME STREET ADDRESS CITY-51-739  TITLE NAME STREET ADDRESS CITY-51 |                                 |  |               |              |                | ,  | <u>.</u>    |  |                 | 1                           | ļ            |
| FILE NOW!! FEE IS, \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.  | the obligation                  | ons of registered agent.   |               |              |                | _  |             |  | ·               | miliar with, a              | ind accept   |
| TITLE STREET ADDRESS CITY-ST-ZIP  TITLE DAME STREET ADDRESS CITY-ST-ZIP  TITLE DAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME  | FI<br>After                     | ILE NOW!!! FEE IS \$150.00<br>May 1, 2003 Fee will be \$550.0<br>Payable to Florida Department | 0<br>of State |              |                |  | ΔΓ          | Trust Fund Contribution.                   |                 | Added                       | to Fees      |
| NAME SIREET ADDRESS CITY-ST-ZIP  TITLE DESTRICT ADDRESS CITY-ST-ZIP  TITLE DESTRICT ADDRESS CITY-ST-ZIP  TITLE DESTRICT ADDRESS CITY-ST-ZIP  TITLE DESTRICT ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP   | 10.                             |  | ND DIRECTOR   |              | _              | <del></del>  |             | , on 10110 101 101 101 101 101 101 101 101 |                 |                             | Addition     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | NAME .<br>Street address        | NEYREY, ANN W<br>295 ORANGE STREET   |               | ∟J Delete    | NA!            | ME<br>REET ADDRESS                                 |             |  |                 |                             |              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS | D<br>NEYREY, CARROLL J<br>295 ORANGE ST  |               | ☐ Delete     | NAI<br>STI     | ME<br>REET ADDRESS                                 |             |  |                 | ☐ Change                    | Addition     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS |  |               | □ Delete     | NA<br>STI      | ME<br>REET ADDRESS                                 | **          |  |                 | ☐ Change                    | ☐ Addition   |
| TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  Change Addi NAME STREET ADDRESS CITY-ST-ZIP  CHY, ST, ZIP CHY, ST, ZIP   | TITLE<br>NAME<br>STREET ADDRESS |  |               | ☐ Delete     | NA<br>ST       | LE , , , , , , , , , , , , , , , , , , ,           |             |  | •               | Change                      | Addition     |
| TITLE  | TITLE NAME STREET ADDRESS       |  | _             | ☐ Delete     | NA<br>ST       | AME<br>PREET ADDRESS                               | <u>.</u> .  |  |                 | Change                      | Addition     |
| the state of the s   | TITLE<br>NAME                   |  |               | ŕ            | NA<br>ST<br>CI | AME<br>Treet address<br>TY-S1-ZIP                  |             |  |                 |                             | Addition     |

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 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

2132300360