

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085667

1. Entity Name

IREY CONSTRUCTION, INC.

FILED
Jun 18, 2001 8:00 am
Secretary of State

06-18-2001 90002 039 ***550.00

Principal Place of Business

Mailing Address

LOT #6, DOPEY DRIVE
LAKE BUENA VISTA FL 32830

P O BOX 22285
LAKE BUENA VISTA FL 32830

80059212

2. Principal Place of Business

3. Mailing Address

333 ENTERPRISE STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

00000, FL

4. FEI Number 59-3539149

Applied For

Not Applicable

Zip

Country

Zip

Country

34761

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

IREY, CANDY
9210 CHARLES E. LIMPUS RD
ORLANDO FL 32836

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, 2001 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 ☐ Delete
P IREY, CANDY
STREET ADDRESS LOT #6, DOPEY DRIVE, P O BOX 22285
CITY-ST-ZIP LAKE BUENA VISTA FL 32830

TITLE NAME ☒ Change ☐ Addition
9210 CHARLES E. LIMPUS RD
STREET ADDRESS ORLANDO, FL 32836
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: Candy Irey CANDY IREY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/01

Date

407-467-9571

Daytime Phone #