

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0106197 AV

DOCUMENT # P98000101350

1. Entity Name

CORKSCREW MINING & EXCAVATION, INC.



FILED

03 OCT 22 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
4099 NORTH TAMiami TRAIL
SUITE 305
NAPLES FL 34103

Mailing Address
4099 NORTH TAMiami TRAIL
SUITE 305
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3552518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCAFFREY, JUDITH E ESQ
5811 PELICAN BAY BLVD., SUITE 206-A
NAPLES FL 34108

Name

Asa W. Candler

Street Address (P.O. Box Number is Not Acceptable)

4099 North Tamiami Trail Suite 305

09/24/03--01079--019 **750.00

City

Naples

FL

Zip Code

34103

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	D FITZGERALD, WILLIAM E	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4099 NORTH TAMiami TRAIL NAPLES FL 34103	
TITLE NAME	D CANDLER, ASA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4099 NORTH TAMiami TRAIL NAPLES FL 34103	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Asa Candler

9/19/03

239-262-3034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR05034 1/03