

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106491

1. Entity Name

SURFACE DESIGN & CONSTRUCTION, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90077 047 ***150.00

Principal Place of Business

405 EDGEWATER DR.
DUNEDIN FL 34698

Mailing Address

405 EDGEWATER DR.
DUNEDIN FL 34698

00011554



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3548485

Applied For

Not Applicable

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

SWAFFORD, CHARLES
405 EDGEWATER DR.
DUNEDIN FL 34698

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 PD
NAME SWAFFORD, CHARLES ☐ Delete
STREET ADDRESS 405 EDGEWATER DR.
CITY-ST-ZIP DUNEDIN FL 34698

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

TITLE SD
NAME KELLY, CHRISTOPHER ☒ Delete
STREET ADDRESS CECELIA DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE SD
NAME KELLY, CHRISTOPHER ☐ Change ☐ Addition
STREET ADDRESS 1344 Pine Ridge Ct E. C-3
CITY-ST-ZIP TARPON SPRINGS 34689

TITLE VD
NAME KELLY, TODD M ☒ Delete
STREET ADDRESS 7052 MORNINGB LN
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE VD
NAME KELLY, TODD ☐ Change ☐ Addition
STREET ADDRESS 5925 63rd Ave. N.
CITY-ST-ZIP Pinellas Park, FL 33781

TITLE TD
NAME GOLDENBERG, MURRAY ☐ Delete
STREET ADDRESS 1301 SOUTH GUNBY STREET
CITY-ST-ZIP TAMPA FL 33606

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)