

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90048 001 ***150.00

DOCUMENT # P99000004550

Entity Name
FIDELITY CONSTRUCTION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **HALIFAX AVENUE MYERS FL 33912**
 Mailing Address: **5811 HALIFAX AVENUE FORT MYERS FL 33912-4404**

Principal Place of Business: **1600 Shirley Ln Ft Myers FL**
 Suite, Apt. #, etc.
 City & State

3. Mailing Address: **11600 Shirley Ln N. Ft Myers FL**
 Suite, Apt. #, etc.
 City & State

4. FEI Number: **65-0893994**
 Applied For: Not Applicable

Zip: **33917** Country: **USA**
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
COSTELLO, TRUMAN J
12670 NEW BRITTANY BOULEVARD
SUITE 101
FORT MYERS FL 33907

7. Name and Address of New Registered Agent
 Name: **JOHN E STONE**
 Street Address (P.O. Box Number is Not Acceptable): **11600 Shirley Ln.**
 City: **N. Ft. Myers** FL Zip Code: **33917**

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: *John E Stone* (NOTE: Registered Agent signature required when reinstating) DATE: **1-30-2000**

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	D STONE, JOHN E 11600 SHIRLEY LANE NORTH FORT MYERS FL 33903	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	D SASSER, DAVID L 17541 OAK CREEK ROAD ALVA FL 33920	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: *John E Stone* Date: **1-30-2000** Daytime Phone #: **691-8756**

CR2E034 (9/99)