

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90441 008 ***150.00

DOCUMENT # P99000008061

1. Entity Name

SUNBELT RESIDENTIAL CONTRACTORS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4230 1ST AVE. NW

Suite, Apt. #, etc.

3. Mailing Address
4230 1ST AVE. NW

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NAPLES

City & State
NAPLES

4. FEI Number
65-0890425

Applied For
Not Applicable

Zip Country
FL 34119

Zip Country
FL 34119

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BEEGLE, DAVID

Street Address (P.O. Box Number is Not Acceptable)
4230 1ST AVE. NW

City Zip Code
NAPLES FL 34119

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE D
NAME BEEGLE, DAVID
STREET ADDRESS 4230 1ST AVE. NW
CITY - ST - ZIP NAPLES, FL 34119

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: David Beegle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 352 9859