

FILED
May 20, 2003 8:00 am
Secretary of State

05-20-2003 90067 004 ***150.00

00120001

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000008061			
1. Entity Name SUNBELT RESIDENTIAL CONTRACTORS, INC.			
Principal Place of Business 4230 1ST AVE. NW NAPLES, FL 34119		Mailing Address 4230 1ST AVE. NW NAPLES, FL 34119	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0890425		Applied For Not Applicable	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEEGLE, DAVID 4230 1ST AVE. NW NAPLES, FL 34119		7. Name and Address of New Registered Agent	
		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when re-registering)			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	☐ Delete	
STREET ADDRESS	4230 1ST AVE. NW		
CITY-ST-ZIP	NAPLES, FL 34119		
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ 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: <i>[Signature]</i> 4/30/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CPRE034 (10/02)