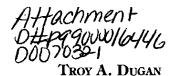
## 2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or changed, or on an attachment with

SIGNATURE:

## FILED Jul 17, 2000 8:00 am Secretary of State DOCUMENT # P99000016446 1. Entity Name DUGAN CONSTRUCTION, INC. 07-17-2000 90006 009 \*\*\*150.00 Principal Place of Business Mailing Address 929 1/2 23 STREET W 929 1/2 23 STREET W **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0250435 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUGAN, TROY Street Address (P.O. Box Number is Not Acceptable) 929 1/2 23 STREET W **BRADENTON FL 34205** 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PTD ☐ Addition TITLE TITLE Change ☐ Delete DUGAN, TROY NAME NAME STREET ADDRESS STREET ADDRESS 2211 AVE C CITY-ST-ZIP CITY-ST-ZIP **BRADENTON BEACH FL 34217** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of it is true and accorate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if less, with all other like empowered. 13. I hereby certify that the information supplied with indicated on this report or supplemental repu

E OF SIGNING OFFICER OR DIRECTOR





## **DUGAN CONSTRUCTION**

CB C049060

Residential • Commercial

July 10, 2000

Division of Corporations Uniform Business Report filings P.O. Box 1500 Tallahassee, FL 32302-1500

A few weeks ago it was brought to my attention that we should have received a renewal notice from the State.

I spoke with a Robert in your department to see what I needed to do. He explained that the original forms were mailed in January and the second mailings would be soon. He also explained that I could send in the original amount of \$150 with the second mailing.

Per the instruction from Robert, here is our check for \$150 for the renewal. Thank you for any consideration you can extend. Now that we know notices are mailed in January, we'll know to call sooner if the notice is not received.

Thank you,

Laura M. Moden Office Manager