2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P99000016967

DOCUMENT # 1. Entity Name

HARVEY-TADDEO CONTRACTORS, INC.



Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90071 004 ***150.00

FILED

Principal Place of Business Mailing Address 305A SCARLET BLVD. OLDSMAR FL 34677-3019

305A SCARLET BLVD. OLDSMAR FL 34677-3019

2. Principal P	Place of Business	3. Mailing Ado	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State	e	City & State	City & State		4. FEI Nur	nber 16-1099537	Applied For Not Applicable		
Zip . Country Zip C			Coun	try	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				
HARVEY, PETER G				Name Street Address (P.O. Box Number is Not Acceptable)					
305-A SCARLET BLVD ॣॏ				Street Address (F.O. Box Number is Not Acceptable)					
OLDSMAF	R FL 34677			7.					
				City		F	=	е	
8. The above the obligat	ions of registered age	this statement for the purpose of c nt. me of registered agent and title if applicable.		ed office or regisi d Agent signature requi	•	both, in the State of Florida. I		and accept	
After	ILE NOW!!! FEE r May 1, 2003 Fee v c Payable to Florida					Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
10.	9.77 2.77	OFFICERS AND DIRECTORS	11.		ADDITION	S/CHANGES TO OFFICERS A	AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SETER OF TARPON SPRING	G DRIVE					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TADDEO, RICHAR 4486 BERISFORD PALM HARBOR F	D V BLVD					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	المعتقد ماسان	25. 020-020 200-020-020-020-020-020-020-020	STRE	ET ADDRESS ST-ZIP	or es ÷r word	and the second of the second o	☐ Change	Addition	
TITLE Name Street address City-St-Zip							☐ Change	Addition	
TITLE NAME Street Address City-St-Zip						·	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3	1			☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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: