

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024792

1. Entity Name

Siprell Construction, Inc



FILED

03 JUL 14 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

912 16th Street

Suite, Apt. #, etc.

3. Mailing Address

912 16th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Port St Joe, FL

City & State

Port St Joe, FL

4. FEI Number

59-3563880

Applied For

Not Applicable

Zip

32456

Country

USA

Zip

32456

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Stan Siprell

Street Address (P.O. Box Number is Not Acceptable)

912 16th Street

City

Port St Joe

FL

Zip Code

32456

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

Stan Siprell, President

6/20/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Siprell, Stanley L
STREET ADDRESS	912 16th St, Port St Joe, FL 32456
CITY-ST-ZIP	Port St Joe, FL 32456
TITLE	Vice President
NAME	Rollins, Michael J
STREET ADDRESS	912 16th St, Port St Joe, FL 32456
CITY-ST-ZIP	Port St Joe, FL 32456
TITLE	Vice President
NAME	Thurston, Jonathan A
STREET ADDRESS	912 16th St, Port St Joe, FL 32456
CITY-ST-ZIP	Port St Joe, FL 32456
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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

SIGNATURE: x

Stan Siprell

6/20/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)