

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034339

1. Entity Name

AUSPEX CONSTRUCTION, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90053 011 ***150.00

Principal Place of Business

Mailing Address

410 14TH AVE N
 JACKSONVILLE BEACH FL 32250

410 14TH AVE N
 JACKSONVILLE BEACH FL 32250-4708

2. Principal Place of Business

109 FLORIDA BLVD.

3. Mailing Address

SAME AS ←

Suite, Apt. #, etc.

Suite, Apt. #, etc.

lower

City & State
 Neptune Bch. FL

City & State

4. FEI Number

59-3570117

Applied For

Not Applicable

Zip
 32266

Country

USA

Zip

Country

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

STUCK, CLARK C
 410 14TH AVE N
 JACKSONVILLE BEACH FL 32250

Name
 SAME AS CURRENT

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.

SIGNATURE

Clark C. Stuck V. pres.

Clark C. Stuck

4/28/2000

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMENICO, JAMES C 109 FLORIDA BLVD NEPTUNE BEACH FL 32266	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STUCK, CLARK C 410 14TH AVE N JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 JAMES C. DOMENICO

Date
 4/28/2000

Daytime Phone #
 249-8755

CR2E034 (9/99)