

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90008 009 ***150.00

DOCUMENT # P99000035277

1. Entity Name

SEAGULL CONSTRUCTION GROUP, INC.

Principal Place of Business

**2172 BRUTON BLVD. STE. 264
 ORLANDO FL 32805**

Mailing Address

**2172 BRUTON BLVD. STE. 264
 ORLANDO FL 32805**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3566298

Applied For
 Not Applicable

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

VEREEN, ALONZO

**2172 BRUTON BLVD. STE. 264
 ORLANDO FL 32805**

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.

SIGNATURE

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, 2002 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 ☐ Delete
 NAME **CP**
 STREET ADDRESS **VEREEN, ALONZO**
 CITY-ST-ZIP **1825 OSMAN AVENUE
 ORLANDO FL 32806**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **WARREN, LENTON**
 CITY-ST-ZIP **2305 COLLINGWORTH AV
 MARIETTA GA 30062**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **RICHARDSON, RHONDA**
 CITY-ST-ZIP **4851 KING JOHN WAY
 UPPER MARLBORO MD 20772**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **VEREEN, ADRIAN**
 CITY-ST-ZIP **601 SW 11 ST
 BELLE GLADE FL 33430**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BROWN, BERNADETTE**
 CITY-ST-ZIP **700 CANAL ST
 BELLE GLADE FL 33430**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

ALONZO VEREEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/02/02 407-898-2027

Date

Daytime Phone #

CR2E034 (9/01)