

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90273 029 ***150.00

DOCUMENT # P99000069473

1. Entity Name

STRUCTURE CON OF FLORIDA, INC.

Principal Place of Business

**16 TROY HILLS RD
 WHIPPANY NJ 07981**

Mailing Address

**16 TROY HILLS RD
 WHIPPANY NJ 07981**

2. Principal Place of Business

1136 S. Ocean Drive

Suite, Apt. #, etc.

Suite D

City & State

Fort Pierce, FL

Zip
34949

Country

3. Mailing Address

1136 S. Ocean Drive

Suite, Apt. #, etc.

Suite D

City & State

Fort Pierce, FL

Zip

34949

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3631900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**COLLINS, GEORGE G JR.
 756 BEACHLAND BLVD
 VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name **Mark Brechbill, CPA**

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

506 S. Federal Hwy.

Suite 202

City **Stuart**

FL

Zip Code

34994

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 **MBE, CPA**
 Signature, typed or printed name of registered agent and title, if applicable

MARK BRECHBILL, CPA
 (NOTE: Registered Agent signature required when reinstating)

4/3/02
 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

TITLE **PD** ☐ Delete
 NAME **STARK, ROBERT F**
 STREET ADDRESS **16 TROY HILLS RD.**
 CITY-ST-ZIP **WHIPPANY NJ 07981**

TITLE **ASTD** ☒ Delete
 NAME **KING, JIM**
 STREET ADDRESS **16 TROY HILLS RD.**
 CITY-ST-ZIP **WHIPPANY NJ 07981**

TITLE **STD** ☒ Delete
 NAME **KING, BRIAN**
 STREET ADDRESS **16 TROY HILLS RD.**
 CITY-ST-ZIP **WHIPPANY NJ 07981**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1136 S. Ocean Drive, Suite D**
 CITY-ST-ZIP **Fort Pierce, FL 34949**

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02
 Date

(772) 220-3380
 Daytime Phone #

CR2E034 (9/01)