

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 23, 2000 8:00 am
Secretary of State
 08-23-2000 90032 027 ***150.00

DOCUMENT # P99000070491

1. Entity Name
F & L SITEWORK, INC.

f

Principal Place of Business
 1306 LAKE MARION RD.
 KENANSVILLE FL 34739

Mailing Address
 1306 LAKE MARION RD.
 KENANSVILLE FL 34739

A0074393



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
315 Grant Bass Rd.
 Suite, Apt. #, etc.

3. Mailing Address
315 Grant Bass Rd.
 Suite, Apt. #, etc.

City & State
Kenansville FL
 Zip
34739
 Country

City & State
Kenansville FL
 Zip
34739
 Country

4. FEI Number
59-3595977

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARVEY, LAMAR
 1306 LAKE MARION RD.
 KENANSVILLE FL 34739

7. Name and Address of New Registered Agent

Name
HARVEY LAMAR
 Street Address (P.O. Box Number is Not Acceptable)
315 Grant Bass Rd
Kenansville FL
 City
FL Zip Code
34739

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 *Jamarc Harvey*
 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, LEMAR	
STREET ADDRESS	1306 LAKE MARION RD.	
CITY-ST-ZIP	KENANSVILLE FL 34739	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, SHELLY	
STREET ADDRESS	1306 LAKE MARION RD.	
CITY-ST-ZIP	KENANSVILLE FL 34739	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harvey LAMAR	
STREET ADDRESS	315 Grant Bass Rd	
CITY-ST-ZIP	Kenansville FL 34739	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harvey ANITA	
STREET ADDRESS	315 Grant Bass Rd.	
CITY-ST-ZIP	Kenansville FL 34739	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *SIAMARE HARVEY*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-00
 Date

Daytime Phone #

CR2E034 (5/00)

Attachment Doc # 199000070491
A0074393

Doc # 199000070491

TO Whom It May Concern:
My Account Asked me if I received
one of these Before. I Did not. We
moved And Have not been getting our
mail right. So if you could please
accept this.

~~Thank You~~
F+L Site Work
Jamaac Harvey