

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089010

1. Entity Name

CANOPY ROADS DESIGN AND CONSTRUCTION, INC.

FILED

00 MAY 17 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4515 ANGLUE LANE  
TALLAHASSEE, FL  
32308

Mailing Address

P.O. Box 13526  
TALLAHASSEE, FL  
32317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDRA W. KOWALCHUK  
4515 ANGLUE LANE  
TALL, FL 32308

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, 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: PRESIDENT  
NAME: SANDRA W. KOWALCHUK  
STREET ADDRESS: 4515 ANGLUE LANE  
CITY-ST-ZIP: TALLAHASSEE, FL 32308 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: 900003267399-9  
CITY-ST-ZIP: -05/25/00--01100--020  
\*\*\*300.00 \*\*\*150.00

TITLE: SECRETARY  
NAME: DEAN C. KOWALCHUK  
STREET ADDRESS: 4515 ANGLUE LANE  
CITY-ST-ZIP: TALLAHASSEE, FL 32308 ☐ Delete

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

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
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CITY-ST-ZIP: ☐ Delete

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

DEAN C. KOWALCHUK  
SECRETARY

05/17/00

Date

Daytime Phone #

850 - 224-1987

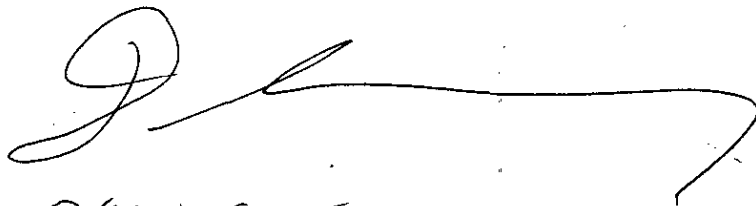
CR2E034 (9/99)

5/17/00

DEPARTMENT OF STATE  
DIVISION OF COMPOSITION

CANOPY ROADS DESIGN & CONSTRUCTION,  
INC, DOC # 99000089010 DID NOT  
RECEIVE 2000 URR PACKAGE

THANK YOU,



DEAN C. KOWALUK