

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91157 049 ***150.00

05/0998 AV

DOCUMENT # P99000104760

1. Entity Name
SUGALSKI CONSTRUCTION INC.



Principal Place of Business
6001 E. QUINCY ST.
INVERNESS FL 34452

Mailing Address
6001 E. QUINCY ST.
INVERNESS FL 34452

11041327



2. Principal Place of Business

3. Mailing Address

56 E. PILAR ST

56 E. PILAR ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
HERNANDO, FL

City & State
HERNANDO, FL

4. FEI Number **59-3611156**

Applied For

Not Applicable

Zip
34442

Country
USA

Zip
34442

Country
USA

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

SUGALSKI, MICHAEL
6001 E. QUINCY ST.
INVERNESS FL 34452

Name
MICHAEL SUGALSKI

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

56 E. PILAR ST

City
HERNANDO

FL

Zip Code
34442

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael Sugalski*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SUGALSKI, MICHAEL**
STREET ADDRESS **6001 EAST QUINCY STREET**
CITY-ST-ZIP **INVERNESS FL 34452**

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

TITLE **VP** ☐ Delete
NAME **SUGALSKI, DAWN E**
STREET ADDRESS **6001 EAST QUINCY STREET**
CITY-ST-ZIP **INVERNESS FL 34452**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Michael Sugalski*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

352-527-9992

Daytime Phone #

CR2E034 (10/02)