

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90179 011 ***150.00

DOCUMENT # S70737

1. Entity Name

CORDELE BUILDERS, INC.



Principal Place of Business

**3117 MOHAVE WAY
JACKSONVILLE FL 32259**

Mailing Address

**3117 MOHAVE WAY
JACKSONVILLE FL 32259**

90028290



2. Principal Place of Business

200 BUSINESS PARK CIRCLE

3. Mailing Address

SAME

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL.

City & State

Zip

Country

32095

Country

USA

4. FEI Number

59-3079322

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RICHARD G HATHAWAY

50 A1A N 102

PONTE VERDE FL 32802

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
LABAR, JAMES C.
9117 MOHAVE WAY
JACKSONVILLE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
LABAR, KATHRYN WATKINSON
3117 MOHAVE WAY
JACKSONVILLE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
MURPHY, PATRICK T
3117 MOHAVE WAY
JACKSONVILLE FL 32259** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
MURPHY, MICHAEL A
3117 MOHAVE WAY
JACKSONVILLE FL 32259** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SUITE 101, 200 BUSINESS PARK CIRCLE
ST. AUGUSTINE, FL. 32095** ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
**SUITE 101, 200 BUSINESS PARK CIRCLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03

Date

Daytime Phone #

904/940-1600