2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V26472**

1. Entity Name

DON CAGLE CONSTRUCTION, INC.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90208 002 ***150.00

| Size LANGONCO RD LARGO FL 39777 US LARGO FL 39777 | DOIN CAGLE CONSTRUCTION, INC. | | | | | | | | |
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| City & State City & State City & State City & State A, FEI Number S9-3118828 Applied For Not Applied For | 2. Principal Place of Business | | 3. Mailing Address | | | | | 01811 81811 1881 | |
| Special Country Special Co | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAK | ING CHANGES | | |
| Country Country Country Country S. Cortificate of Status Desired S.8.75 Additional Fine Required S.8.75 Additional Fine Required Section S | City & State | | City & State | | 4 | . FEI Number 59-3118626 | ├ ┼┴─── | | } |
| Name | Zip | Country | Zip | Country | 5 | i. Certificate of Status Desired | \$8.75 Ad | ditional | |
| CAGLE, DON 819S LARCHWOOD AVENUE LARGO FL 33777 City FL Zip Code | | 6. Name and Address of Current | Registered Agent | | 7. | . Name and Address of New Register | ed Agent | · · · · · · · · · · · · · · · · · · · | 1 |
| Street Address (P.C. Box Number is Not Acceptable) Street Address (P.C. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code | | • | | . Name | بالمراء | TO THE RESERVE OF THE PARTY OF | | | |
| LARGO FL 33777 City FL Zip Code | , | | | Street Ad | ddress (P.O. | . Box Number is Not Acceptable) | | | 1 |
| E. 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 familier with, and accept the obligations of registered agent. Signature Signature, types or printed reare of registered agent and itself approache. NOTE: Replatered Agent separature required when retraitang) | | | | | | | | | 1 |
| 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 | LARGO F | L 33777 | | | | | | | 1 |
| The collegations of registered agent. Signature S | ı | | | City | • | F | Zip Coc | le | 1 |
| Note: Note: Note: Note: Note: Note: Note: Note: | 8. The above the obligat | named entity submits this statement folions of registered agent. | r the purpose of changing its | s registered office or | registered a | agent, or both, in the State of Florida. I | am familiar with, | and accept | 1 |
| FILE NOW!! FEE IS \$150.00 | SIGNATURE . | Signature, typed or printed name of registered agent | and title if applicable (NO | F: Registered Agent signatur | re required whe | n reinstating) OA | TE . | | |
| After May 1, 2003 Fee will be \$550.00 May Be Added to Fees St. St. | ····· | | | | | | | | - |
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| | i | ertify that the information supplied with | this filing does not qualify fo | | ed in Section | n 119.07(3)(i), Florida Statutes. I further | certify that the in | nformation | |

reflectly certify that the information supplies with this filling does not qualify for the exemption stated in section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is truefand 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 of prustee employed 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT A

3/22/03 727.539-4750