

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90234 005 ***150.00

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DOCUMENT # V66661

1. Entity Name
NUMERIC CONSTRUCTION, INC.



Principal Place of Business
**1931 N 50TH AVE
HOLLYWOOD HILLS FL 33021**

Mailing Address
**1931 N 50TH AVE
HOLLYWOOD HILLS FL 33021**

2. Principal Place of Business
5160 NE. DIXIE HWY/US1

3. Mailing Address

Suite, Apt. #, etc.
NONE

Suite, Apt. #, etc.

City & State
PALM BAY, FL.

City & State

Zip
32905

Country
BREVARD

Zip

Country

4. FEI Number **65-0358368**

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

**TOMA, THERESE
1931 N 50TH AVE
HOLLYWOOD FL 33021**

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  **THERESE TOMA VICE-PRESIDENT**

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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	TOMA, FRANK PETER	
STREET ADDRESS	1931 N 50TH AVE	
CITY-ST-ZIP	HOLLYWOOD HILLS FL 33021	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	TOMA, THERESA	
STREET ADDRESS	1931 N 50TH AVE	
CITY-ST-ZIP	HOLLYWOOD HILLS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOMA, PETER F	
STREET ADDRESS	1931 N 50TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **THERESE TOMA, VICE-PRESIDENT** 4/16/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 954-962-3485

CR2E034 (10/02)