

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90024 018 ***158.75

DOCUMENT # 526284
 1. Entity Name
OAKHURST CONSTRUCTION CO., INC.

Principal Place of Business 7497 135TH ST. NORTH SEMINOLE FL 34646-3906 33776 3902	Mailing Address 7497 135TH ST. NORTH SEMINOLE FL 33776-3902
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A0020583



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7497 135TH ST N	3. Mailing Address 7497 135TH ST N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State SEMINOLE FLA	City & State SEMINOLE FLA
Zip 33776 3902	Country PINELLAS

4. FEI Number 59-1730456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DARCANGELO, ALFRED J.
 7497 135TH ST. NORTH
 SEMINOLE FL 34646

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.

SIGNATURE _____ (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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DARCANGELO, DENNIS J 7497 135TH ST N SEMINOLE FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DARCANGELO, MARINA A 7497 135TH ST N SEMINOLE, FL 00000	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DARCANGELO, GLENN J 7596 135TH ST N SEMINOLE, FL 00000	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DARCANGELO, SUSAN M 7596 135TH ST N SEMINOLE FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan Darcangelo* **Susan Darcangelo** **2/3/00** **727-393-1130**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #