

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90071 015 ***150.00

DOCUMENT # L06766

1. Entity Name
LABARBERA CONSTRUCTION, INC.



Principal Place of Business
**1003 NORTH COMBEE ROAD
LAKELAND FL 33801**

Mailing Address
**1003 NORTH COMBEE ROAD
LAKELAND FL 33801**

2. Principal Place of Business

3. Mailing Address

1035 E. LAKE PARKER DR., #15

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAKELAND, FL

Zip

Country

Zip
33801

Country

U.S.A.

4. FEI Number **59-2966209**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



☒ CHECK HERE IF MAKING CHANGES (Address)

6. Name and Address of Current Registered Agent

**LABARBERA, ROSA
1045 E. LAKE PARKER DRIVE
LAKELAND FL 33801**

7. Name and Address of New Registered Agent

Name **ROSA LABARBERA**
Street Address (P.O. Box Number is Not Acceptable)
1035 E. LAKE PARKER DR., #15
City **LAKELAND** FL **33801**

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 **Rosa LaBarbera ROSA LABARBERA**

3-25-03

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 **P** ☐ Delete
NAME **LABARBERA, MICHAEL S**
STREET ADDRESS **1045 E. LAKE PARKER DRIVE**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **TS** ☐ Delete
NAME **LABARBERA, ROSA**
STREET ADDRESS **1045 E. LAKE PARKER DRIVE**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
NAME **MICHAEL S. LABARBERA**
STREET ADDRESS **1035 E. LAKE PARKER DR., #15**
CITY-ST-ZIP **LAKELAND, FL 33801**

TITLE **TS** ☐ Change ☐ Addition
NAME **ROSA LABARBERA**
STREET ADDRESS **1035 E. LAKE PARKER DR., #15**
CITY-ST-ZIP **LAKELAND, FL 33801**

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

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

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

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: **Rosa LaBarbera ROSA LABARBERA**, **3-25-03** **863-665-9664**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)