

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90118 028 ***158.75

DOCUMENT # **P02000078726**



1. Entity Name
SABAL PALM CONSTRUCTION, INC.

Principal Place of Business
**1489 NE 23RD TERRACE
JENSEN BEACH FL 34957**

Mailing Address
**1489 NE 23RD TERRACE
JENSEN BEACH FL 34957**

30000763



2. Principal Place of Business
1489 NE 23rd Terrace

3. Mailing Address
1489 NE 23rd Terrace

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Jensen Beach, FL

City & State
Jensen Beach, FL

Zip
34957

Country
U.S.

4. FEI Number
54-2064961

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**VOSTERS, DOUGLAS B
1489 NE 23RD TERRACE
JENSEN BEACH FL 34957**

7. Name and Address of New Registered Agent

Name
Douglas B. Vosters

Street Address (P.O. Box Number is Not Acceptable)
1489 NE 23rd Terr.

City
Jensen Beach

State
FL

Zip Code
34957

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 **Douglas B. Vosters Vice Pres.** *[Signature]* **1-7-03**

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 NAME STREET ADDRESS CITY-ST-ZIP	P MCDANIEL, OTIS 3130 NE HICKORY RIDGE DRIVE JENSEN BEACH FL 34957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S VOSTERS, DOUGLAS B 1489 NE 23RD TERRACE JENSEN BEACH FL 34957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOGSDON, SCOTT W 1805 NW FORK RD. STUART FL 34994 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **Douglas B. Vosters Vice Pres.** **1-7-03** **772-232-2088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)