## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 31, 2001 08:00 AM DOCUMENT # 472138 1. Entity Name **Secretary of State** HENNESSY CONSTRUCTION SERVICES CORP. Principal Place of Business Mailing Address 2300 22ND STREET NORTH 2300 22ND STREET NORTH ST. PETERSBURG FL ST. PETERSBURG FL 33713 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1579954 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALEXANDER BRONSON ALEXANDER 1530 COUNTRY CLUB ROAD Street Address (P.O. Box Number is Not Acceptable) 1530 COUNTRY CLUB ROAD ST. PETERSBURG FL33713 City Zip Code ST. PETERSBURG 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 01/31/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VD TITLE X Delete CR2E034 (11/00) TITLE ☐ Addition LOHER MAME BRIAN NAME 2300 22ND STREET, NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG $\mathbf{FL}$ CITY-ST-ZIP TITLE D X Delete TITLE ☐ Change NAME HALL K. MICHAEL NAME STREET ADDRESS 2300 22ND STREET, NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG $\mathbf{FL}$ CITY-ST-ZIP ☐ Delete TITLE X Change ☐ Addition ALEXANDER BRONSON NAME NAME ALEXANDER BRONSON STREET ADDRESS 710 BOCA CIEGA ISLE STREET ADDRESS 1530 COUNTRY CLUB ROAD CITY-ST-ZIP ST PETE BCH $\mathbf{FL}$ 33706 CITY-ST-ZIP ST. PETERSBURG FL. 33710 ☐ Delete TITLE CD **X** Change Addition HALL, K.E. NAME HALL. KENNETH STREET ADDRESS 5536 ESCONDIDA BLVD. STREET ADDRESS 5536 ESCONDIDA BLVD. CITY-ST-ZIP ST. PETERSBURG CITY-ST-ZIP ST. PETERSBURG 33715 FLTITLE Delete TITLE VD X Change ☐ Addition LUKAS ALAN NAME LUKAS ALAN STREET ADDRESS 4513 VASCONIA STREET STREET ADDRESS 4513 VASCONIA STREET CITY-ST-ZIP TAMPA CITY-ST-ZIP TAMPA FL33629 Delete TITLE Change Addition SANTNER NAME PENNY SANTNER STREET ADDRESS 6996 22ND WAY SOUTH STREET ADDRESS 6996 22ND WAY SOUTH CITY-ST-ZIP ST PETERSBURG CITY-ST-ZIP ST PETERSBURG 33712 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 if changed, or on an attachment with an address, with all other like empowered.

01/31/2001

Date

Daytime Phone #

SIGNATURE: \_\_PENNY SANTNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR