## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 01, 2000 8:00 am DOCUMENT # **F27709** 1. Entity Name Secretary of State JOHN KIERNAN CONSTRUCTION, INC. 03-01-2000 90046 032 \*\*\*150.00 Principal Place of Business Mailing Address 4007 E 39TH ST 4007 E 39TH ST **BRADENTON FL 34208-6922** BRADENTON FL 34208-6922 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2060854 Not Applicable Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KIERNAN, JOHN Street Address (P.O. Box Number is Not Acceptable) 4007 E 39TH ST **BRADENTON FL 34208-6922** Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. TITLE VTD ☐ Delete TITLE Change ☐ Addition NAME KIERNAN, NANCY G NAME 4007 E 39TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208-6922** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE KIERNAN, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 4007 E 39TH ST CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34108-6922** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition □ Delate TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22200

941-748-1219

Daytime Phone #