

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 488114

1. Entity Name

FATHER AND SON CONSTRUCTION CORPORATION

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90104 026 ***150.00

Father & Son Construction Co
18146 Limestone Creek Rd
Jupiter, FL 33458

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18146 Limestone Creek Rd
Jupiter, FL 33458

904625



2. Principal Place of Business

P.O. BOX 2868

3. Mailing Address

Phone # 741-0841 (561)

Suite, Apt. #, etc.

Jupiter Florida

City & State

33468-2868

Zip

Country

Palm Bch

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1708517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPRINGER, RICHARD W., ESQ.
3003 SOUTH CONGRESS AVENUE
SUITE 1-A
PALM SPRINGS FL 33461

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

Richard W. Springer

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

1/7/2002

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, 2002 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

TITLE NAME STREET ADDRESS CITY-STATE-ZIP
Jason T. Dendy
18146 Limestone Creek Rd.
Jupiter, FL 33458-3875

☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-STATE-ZIP

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

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

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

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

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

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.

SIGNATURE:

Richard W. Springer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

Date

Daytime Phone #

CR2E034 (9/01)