

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 522783**

1. Entity Name

SHENANDOAH GENERAL CONSTRUCTION, CO.**FILED****Feb 27, 2001 8:00 am**
Secretary of State

02-27-2001 90318 024 ***150.00

Principal Place of Business

**1888 NW 22ND STREET
POMPANO BEACH FL 33069-1318**

Mailing Address

**1888 NW 22ND STREET
POMPANO BEACH FL 33069-1318**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1707673**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****JACKSON, THOMAS A.
1888 N.W. 22ND STREET
POMPANO BEACH FL 33060**

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	JACKSON, THOMAS A	
STREET ADDRESS	5635 COASTAL DR.	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	JACKSON, KENNETH R	
STREET ADDRESS	3031 N 35TH ST	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DIMURA, DANIEL	
STREET ADDRESS	2231 N CONFERENCE DR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/01

954-975-0098

Date

Daytime Phone #

CR2E034 (10/00)