

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2000 8:00 am
Secretary of State

06-15-2000 90009 001 ***550.00
 06-15-2000 90009 002 *****8.75

DOCUMENT # 563823

1. Entity Name

HEWETT - KIER CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

1888 N.W. 23RD STREET
 POMPANO BEACH FL 33069-1312

1888 N.W. 23RD STREET
 POMPANO BEACH FL 33069-1312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1814715

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

HEWETT, JAMES R
C/O HEWETT-KIER CONST.
1888 N.W. 23 ST.
POMPANO BEACH FL 33069

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PT	HEWETT, JAMES R	1888 NW 23RD STREET	POMPANO BEACH FL	<input type="checkbox"/>
V	COLLIGAN, CRAIG	7661 HIGH RIDGE RD	LANTANA FL	<input type="checkbox"/>
S	JACQUELINE, RUNNER	2152 NW 37TH AVE	COCONUT CREEK FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
Controller	Alice A. Sides	621 Cypress Lake Blvd #8	Pompano Beach, FL 33064	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/00
 Date

954-979-8978
 Daytime Phone #

CR2 E034 (9/99)