

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 563823

1. Entity Name

HEWETT - KIER CONSTRUCTION, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90415 001 ***300.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3451 N.W. 14th Ave
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Pompano Beach, F.L.

City & State

Pompano Beach, F.L.

4. FEI Number

59-1814715

Applied For

Not Applicable

Zip

33064

Country

BROWARD

Zip

33064

Country

BROWARD

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3451 NW 14th Ave
City Pompano FL Zip Code 33064

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	HEWETT, JAMES R	
STREET ADDRESS	1888 NW 23RD STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	COLLIGAN, CRAIG	
STREET ADDRESS	7601 HIGH RIDGE RD	
CITY-ST-ZIP	LANTANA FL	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	SUIRES, ALICE A	
STREET ADDRESS	671 CYPRESS LAKE BLVD #G	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hewett, James R.	
STREET ADDRESS	3451 N.W. 14th Ave	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Colligan, Craig	
STREET ADDRESS	3451 NW 14th Ave	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Date

Daytime Phone #

CR2E034 (10/00)