## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

SIGNATURE:

## FILED Jan 23, 2002 8:00 am DOCUMENT # Secretary of State 637895 1. Entity Name 01-23-2002 90031 010 \*\*\*150.00 FELNER CONSTRUCTION, INC. Mailing Address Principal Place of Business 4236 PINE HOLLOW CIRCLE 4236 PINE HOLLOW CIRCLE **GREENACRES FL 33445** GREENACRES FL 33445 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1942274 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FELNER, JAY Street Address (P.O. Box Number is Not Acceptable) 4236 PINE HOLLOW CIRCLE **GREENACRES FL 33463** 250 SE 10TH STREET Zip Code DELRAY BEACH up mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (9/01) Addition ☐ Change Delete TITLE FELNER, JAY NAME **CR2E034** 4236 PINE HOLLOW CIRCLE 250 SE 10TH STREET STREET ADDRES STREET ADDRESS CITY-ST-ZIP **GREENACRES FL 33463** CITY-ST-ZIP DELRAY BEACH, FL 33483 TITLE TITLE Change ☐ Addition NAME FELNER, JEFFREY S NAME STREET ADDRESS 250 SE 10TH STREET STREET ADDRESS 4236 PINE HOLLOW CIRCLE CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP **GREENACRES FL 33463** ■ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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