

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 654919

1. Entity Name

D.M. HANLEY CONSTRUCTION, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90067 028 ***150.00

Principal Place of Business

Mailing Address

3728 1A GEORGIA AVENUE
W PALM BCH FL 33405

3728 1A GEORGIA AVENUE
W PALM BCH FL 33405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1976590

Applied For

Not Applicable

Zip

Country

Zip

Country

33405

PALM BEACH

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

HANLEY, D MICHAEL
3728-1A GEORGIA AVE
W PALM BCH FL 33405

Name ~~HANLEY, D MICHAEL~~

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 DPT
NAME HANLEY, D MICHAEL
STREET ADDRESS 3728-1A GEORGIA AVE
CITY-ST-ZIP W PALM BCH FL ☐ Delete

TITLE DPT
NAME HANLEY, D MICHAEL
STREET ADDRESS P.O. Box 7337
CITY-ST-ZIP W.PALM BEACH, FL 33405 ☒ Change ☐ Addition

TITLE DVS
NAME HANLEY, DANIEL J
STREET ADDRESS 2755 HANCOCK CREEK RD
CITY-ST-ZIP W PALM BEACH FL 33411 ☐ Delete

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

TITLE DV
NAME LUCAS, TERRY
STREET ADDRESS 5709 MUIR FIELD VILLAGE CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33463 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)