

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90274 012 \*\*\*550.00

**DOCUMENT # 654919**

1. Entity Name

**D.M. HANLEY CONSTRUCTION, INC.**

**DEPARTMENT OF STATE**

Principal Place of Business

**3728 1A GEORGIA AVENUE  
W PALM BCH FL 33405**

Mailing Address

**PO BOX 7337  
W PALM BCH FL 33405**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**P.O. Box 7337**

Suite, Apt. #, etc.

City & State

**W.P.B., FL**

Zip

**33405**

Country

Zip

Country

4. FEI Number

**59-1976590**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **HANLEY, D. MICHAEL**

Street Address (P.O. Box Number is Not Acceptable)

**1000 SOUTHERN BLVD. 2ND FLOOR**

City **WEST PALM BEACH FL** Zip Code **33405**

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 **D. MICHAEL HANLEY**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 **DPT** ☐ Delete  
NAME **HANLEY, D MICHAEL**  
STREET ADDRESS **PO BOX 7337**  
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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: **D. MICHAEL HANLEY PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8-27-01 561-309-7812**

CR2E034 (5/01)