

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006373

1. Entity Name

GENERAL CONTRACTING (USA) CO. LIMITED

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90290 043 ***158.75

Principal Place of Business

Mailing Address

5520 GLADES CUTOFF RD
FT PIERCE FL 34981
US

5520 GLADES CUTOFF RD
FT PIERCE FL 34981
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3476586

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

Name

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

City

FL

Zip Code

DEMPSEY, W G ESQ
505 S.FLAGLER DR., #1330
WEST PALM BEACH FL 33401

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	P	<input type="checkbox"/> Delete
NAME	UPRIGHT, CLIFFORD I	
STREET ADDRESS	NEW HOUSE ATCH LENCH NEAR EVESHAM	
CITY-ST-ZIP	WORCESTERSHIRE UNITED KINGDO	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBINSON, JAMES	
STREET ADDRESS	5520 GLADES CUTOFF RD.	
CITY-ST-ZIP	FT PIERCE FL 34981	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, PATRICIA-L	
STREET ADDRESS	STATION RD WARWICK HOUSE	
CITY-ST-ZIP	KENILWORTH WARWICKSHIRE UK	
TITLE	D	<input type="checkbox"/> Delete
NAME	UPRIGHT, CLIFFORD	
STREET ADDRESS	STATION RD WARWICK HOUSE	
CITY-ST-ZIP	KENILWORTH WARWICKSHIRE UK	
TITLE	T	<input type="checkbox"/> Delete
NAME	HENDERSON, JAMES	
STREET ADDRESS	6827 N. ORANGE BLOSSOM TRAIL, #2	
CITY-ST-ZIP	ORLANDO FL 32860	
TITLE		<input type="checkbox"/> Delete
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	
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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

4/13/2000
Date

407-541-6006
Daytime Phone #

CR2E034 (9/99)