

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90054 001 ***150.00

05-06-2000 90054 002 *****8.75

DOCUMENT # G38465

1. Entity Name

FASCO CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

724 N.W. 6TH STREET
BOCA RATON FL 33486589 BRUNNER HILL RD
PALMYRA IN 47164-8060
US

1 2 4 1 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **61-0658747**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

KIDD, WILLIAM R.
421 DELANNEY AVENUE
COCOA FL 32922

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 State10. 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	FERRIELL, FRED M.	
STREET ADDRESS	724 NW 6TH ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MERCKER, GEORGE E.	
STREET ADDRESS	401 KENTUCKY HOME LIFE	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	T	<input type="checkbox"/> Delete
NAME	MATTHEWS, KAREN R	
STREET ADDRESS	589 BRUNNER HILL RD	
CITY-ST-ZIP	PALMYRA IN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FERRIELL, ROBERT A	
STREET ADDRESS	1403 REGAL SPRINGS COURT	
CITY-ST-ZIP	LOUISVILLE KY	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Karen Matthews - Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00 812-364-4448

Date

Daytime Phone #

CR2E034 (9/99)