

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 659121

1. Entity Name

A.M. CONSTRUCTION CO.

Principal Place of Business

839 N. 11th Street
Milwaukee, WI 53233

Mailing Address

839 N. 11th Street
Milwaukee, WI 53233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

39-1499465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SILVA, YOLANDA
3400 BURNS ROAD
SUITE 104
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name
DANIEL M. CHUDNOW
Street Address (P.O. Box Number is Not Acceptable)
3400 BURNS ROAD
SUITE 104
City
PALM BEACH GARDENS FL Zip Code
33410

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  2/29/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHUDNOW, A.M.	
STREET ADDRESS	839 N. 11TH STREET	
CITY-ST-ZIP	MILWAUKEE, WI	
TITLE	V.	<input type="checkbox"/> Delete
NAME	CHUDNOW, JOSEPH	
STREET ADDRESS	839 N. 11TH ST.	
CITY-ST-ZIP	MILWAUKEE, WI	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SCHNECKENBERG, DAVID J.	
STREET ADDRESS	839 N. 11TH ST.	
CITY-ST-ZIP	MILWAUKEE, WI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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:



2/29/00 414-274-6000

Date

Daytime Phone #

CR2E034 (9/99)