

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G78040

1. Entity Name

ABSOLUTE CONSTRUCTION, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90056 023 ***150.00

Principal Place of Business
4152 WEST BLUE HERON BLVD.
4152 W. BLUE HERON BL. SUITE 128
RIVIERA BEACH FL 33404
US

Mailing Address
4152 W. BLUE HERON BL.
SUITE 128
RIVIERA BEACH FL 33404-4859
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2414418

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

FAGAN, GREGORY J.
4152 W BLUE HERON BLVD, #128
RIVIERA BCH FL 33404

Name
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 4/30/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DPVS			
	FAGAN GREGORY J.	4152 W BLUE HERON BLVD STE 128	RIVIERA BCH FL	

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

4/30/00 561-848-7223
Date Daytime Phone #

CR2E034 (9/99)