

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G79875**

1. Entity Name

FELNER CONSTRUCTION INDUSTRIES, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90124 036 ***150.00

Principal Place of Business

**4182 LIVE BLVD
DELRAY BEACH FL 33444**

Mailing Address

**4182 LIVE OAK BLVD.
DELRAY BEACH FL 33445-7005**

2. Principal Place of Business

4236 PINE HOLLOW CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

4236 PINE HOLLOW CIRCLE

Suite, Apt. #, etc.

City & State

GREENACRES, FLORIDA

City & State

GREENACRES, FLORIDA

4. FEI Number

59-2639340

Applied For

Not Applicable

Zip

33463

Country

USA

Zip

33463

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FELNER, JAY
625 AUBURN CIRCLE WEST
DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name **JEFFREY S. FELNER**

Street Address (P.O. Box Number is Not Acceptable)
4236 PINE HOLLOW CIRCLE

City **GREENACRES**

FL

Zip Code
33463

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] Pres *Jeffrey S. Felner* 3/15/00

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 checked="" type="checkbox"/> Delete
NAME	FELNER, JAY	
STREET ADDRESS	4182 LIVE OAK BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FELNER, SHIRLEY	
STREET ADDRESS	4182 LIVE OAK BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
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"/> 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY S. FELNER	
STREET ADDRESS	4236 PINE HOLLOW CIRCLE	
CITY-ST-ZIP	GREENACRES, FLORIDA 33463	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL FELNER	
STREET ADDRESS	4236 PINE HOLLOW CIRCLE	
CITY-ST-ZIP	GREENACRES, FLORIDA 33463	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey S. Felner 3/15/00
Date Daytime Phone #

561-963-8747