2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H71318** Apr 25, 2000 8:00 am Secretary of State 1. Entity Name TRADEMARK CONSTRUCTION, INC. 04-25-2000 90073 030 ***150.00 Mailing Address Principal Place of Business 5414 W.ATLANTIC BOULEVARD 5414 W.ATLANTIC BOULEVARD MARGATE FL 33063-5209 MARGATE FL 33063 2. Principal Place of Business 5432 W. Atlantic Blvd. 3. Mailing Address 5432 W. Atlantic Blvd. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For Margate, Florida NOT APPLICABLE <u>Margate, Florida</u> Not Applicable Country Broward \$8.75 Additional 33063 33063 5. Certificate of Status Desired Broward Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Wagner, R. C. Jr. WAGNER JR., R.C. Street Address (P.O. Box Number is Not Acceptable) 5414 W.ATLANTIC BOULEVARD 5432 W. Atlantic Blvd. MARGATE FL 33063 City 33063 Margate 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Change Addition PD ☐ Delete TITLE WAGNER JR., R.C. NAME STREET ADDRESS STREET ADDRESS 1111-A RUSSEL DR. CITY-ST-ZIP CITY-ST-ZIP HIGHLAND BEACH FL Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

4/18/20

R. C. Wagner Jr. Pres ... Pres ... Pres ...

SIGNATURE: _