

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J50448

1. Entity Name

EMS CONSTRUCTION CO., INC.

P

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90214 034 ***150.00

A0073617



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5399 SHORELINE CIRCLE
SANFORD FL 32771
US

Mailing Address

5399 SHORELINE CIRCLE
SANFORD FL 32771
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2758069

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

WEIZMAN, HANAN
5399 SHORELINE CIRCLE
SANFORD FL 32771

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

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 \$550.00.
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME S
STREET ADDRESS WEIZMAN, GOLDIE
CITY-ST-ZIP 5399 SHORELINE CIRCLE
SANFORD FL 32771

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS GOLDIE WEIZMAN
CITY-ST-ZIP 5399 SHORELINE CIRCLE
SANFORD, FL 32771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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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

Date

Daytime Phone #

Goldie Weizman GOLDIE WEIZMAN

8-1700

407-321-9571

CR2E034 (5/00)

8-17-00

To Whom It May Concern -

Just a short note to let you know,
I never received the first notice. I called
your office and was told to send in the
regular filing fee of \$150⁰⁰ along with this
short note. I have always filed on time, as
soon as I received the notice.

Thank you,
Goldie Weyman
