

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90006 028 \*\*\*150.00

00002772



DO NOT WRITE IN THIS SPACE

**DOCUMENT # J66802**

1. Entity Name  
**POSNER CONSTRUCTION CO., INC.**

Principal Place of Business <b>6671 W. INDIANTOWN ROAD STE. 108 JUPITER FL 33458</b>	Mailing Address <b>6671 W. INDIANTOWN ROAD STE. 108 JUPITER FL 33458</b>
---	---

2. Principal Place of Business <i>6671 W. Indiantown Rd</i> Suite, Apt. #, etc. <b>STE. 108</b> City & State <b>JUPITER FL</b> Zip <b>33458</b> Country <i>USA</i> <b>FLA BEACH</b>	3. Mailing Address <i>6671 W. Indiantown Rd</i> Suite, Apt. #, etc. <b>STE. 108</b> City & State <b>JUPITER FL</b> Zip <b>33458</b> Country <i>USA</i> <b>FLA BEACH</b>
---	---

4. FEI Number <b>58-1744138</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
--

6. Name and Address of Current Registered Agent

**POSNER, WAYNE R**  
**6671 W. INDIANTOWN ROAD**  
**STE. 108**  
**JUPITER FL 33458**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PVTS POSNER, WAYNE R. 6671 W. INDIANTOWN ROAD, STE. 108 JUPITER FL 33458</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MARINO, BRUCE P.O. BOX 9252 JUPITER FL 33468</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Wayne R. Posner Date: 1-8-01 Daytime Phone #: 561-743-2350

CR2E034 (10/00)