## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 24, 2002 8:00 am Secretary of State **J66802** DOCUMENT # 1. Entity Name 01-24-2002 90371 014 \*\*\*150.00 POSNER CONSTRUCTION CO., INC. Principal Place of Business Mailing Address 6671 W. INDIANTOWN ROAD 6671 W. INDIANTOWN ROAD STE. 108 STE 108 JUPITER FL 33458 JUPITER FL 33458 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-1744138 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POSNER, WAYNE R Street Address (P.O. Box Number is Not Acceptable) 6671 W. INDIANTOWN ROAD STE. 108 JUPITER FL 33458 Zip Code City FL 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. (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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. PRES. LINDA POSNER ☐ Delete TITLE TITLE PVTS LINDA POSNER NAME Posner. Wayne R. NAME 6671 W. INDIANTOWN ROAD STE 108 6671 W. INDIANTOWN ROAD, STE. 108 STREET ADDRESS STREET ADDRESS JUPITER, FL. 33458 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Addition ☐ Delete Change TITLE MARINO, BRUCE NAME NAME STREET ADDRESS STREET ADORESS P.O. BOX 9252 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33468 TITLE ☐ Change ☐ Addition Delete 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 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE: