

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J67547

1. Entity Name

DENNIS MCGUIRE CONSTRUCTION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90096 013 ***150.00

Principal Place of Business

Mailing Address

1201 US HWY ONE

1201 US HWY 1

36

36

NORTH PALM BCH FL 33408

NORTH PALM BCH FL 33408-3546

US

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2793676

Applied For

Not Applicable

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

WINKEL, WILLIAM M.

1225 N MILITARY TR

STE 6

WEST PALM BCH FL 33409

Name

ANDREW HELGSEN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

11380 Prosperity Farms Road

SUITE 201

City

PAUMotu Gardens

FL

Zip Code 33410

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MCGUIRE, DENNIS

STREET ADDRESS 4502 WATER OAK COURT
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE PD ☒ Change ☐ Addition
NAME MCGUIRE, DENNIS

STREET ADDRESS 186 HONEYSUCKLE DRIVE
CITY-ST-ZIP JUPITER, FL 33458

TITLE ☐ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an officer like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

201-776-2006

Daytime Phone #

CR2E034 (9/99)