

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K65359

1. Entity Name

TRUMP CONSTRUCTORS INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90048 012 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 712
SAN MATEO FL 32187

P.O. BOX 712
SAN MATEO FL 32187-0712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2929073**

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

FLOTT, STEPHEN A. CPA
103 CENTURY 21 DRIVE
SUITE 108
JACKSONVILLE FL 32216

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 \$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	VD	<input type="checkbox"/> Delete
NAME	TRUMP, PEGGY D.	
STREET ADDRESS	150 BOCA RATON RD	
CITY-ST-ZIP	SAN MATEO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	TRUMP, PEGGY D.	
STREET ADDRESS	150 BOCA RATON RD	
CITY-ST-ZIP	SAN MATEO FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	TRUMP, DAVID	
STREET ADDRESS	150 BOCA RATON RD	
CITY-ST-ZIP	SAN MATEO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEDDY, THOMAS J JR.	
STREET ADDRESS	220 S 216TH STREET #4	
CITY-ST-ZIP	FLGLER BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LONGINO, CECIL A	
STREET ADDRESS	152 BOCA RATON RD	
CITY-ST-ZIP	SAN MATEO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: **PEGGY D. TRUMP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2000 (904) 328-4422
Date Daytime Phone #