

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L19021

1. Entity Name

GREGORY CONSTRUCTION INC.

FILED

Jul 06, 2000 8:00 am
Secretary of State

07-06-2000 90007 026 ***550.00

Principal Place of Business

Mailing Address

309 NE 38 ST
BOCA RATON FL 33431
US

777 E ATLANTIC AVE
Z-303
DELRAY BCH FL 33483-5360
US

2. Principal Place of Business

3. Mailing Address

1228 CRESTWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DELRAY BCH FL

Zip 33483

Country

Zip

Country

FL PALM BCH.

4. FEI Number 65-0144088

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

BADER, GREGORY
309 NE 38 ST
BOCA RATON FL 33431

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

1228 CRESTWOOD DR.

City DELRAY BCH.

FL

Zip Code 33483

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 *GREGORY BADER* GREGORY BADER

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 D ☒ Delete
NAME BADER, GREGORY
STREET ADDRESS 309 NE 38 ST
CITY-ST-ZIP BOCA RATON FL 33431

TITLE PRES. ☒ Change ☐ Addition
NAME GREGORY BADER
STREET ADDRESS 1228 CRESTWOOD DR
CITY-ST-ZIP DELRAY BCH FL 33483

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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TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: *GREGORY BADER* GREGORY BADER PRES. 6-25-00 561-332699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)