

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L43043

1. Entity Name

CONCORDE SPECIALTY CONSTRUCTION, INC.



FILED

Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90022 027 ***550.00

Principal Place of Business

10211 S. INDIAN RIVER
FT. PIERCE FL 34982

Mailing Address

10211 S. INDIAN RIVER
FT. PIERCE FL 34982

2. Principal Place of Business

1144 NW SPRUCE RIDGE DR

Suite, Apt. #, etc.

STUART FLA.

City & State

3. Mailing Address

1144 SPRUCE RIDGE DR.

Suite, Apt. #, etc.

STUART FLA.

City & State

4. FEI Number

65-0167398

Applied For

Not Applicable

Zip

Country

34994

U.S.

Zip

Country

34994

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ERNST, ROBERT C
10211 SOUTH INDIAN RIVER DR.
FT. PIERCE FL 34982

7. Name and Address of New Registered Agent

Name

1144 NW SPRUCE RIDGE DR.

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

STUART FLA.

City

34994

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)

8/25/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	ERNST, ROBERT C	
STREET ADDRESS	10211 SOUTH INDIAN RIVER DR.	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	T	<input type="checkbox"/> Delete
NAME	COOK, ROBERT A	
STREET ADDRESS	9500 SOUTH OCEAN DR. #506	
CITY-ST-ZIP	JENSON BEACH FL 34957	
TITLE	C	<input type="checkbox"/> Delete
NAME	STONE, HAROLD E	
STREET ADDRESS	5505 BUCHANAN DR	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT C. ERNST	
STREET ADDRESS	1144 NW SPRUCE RIDGE DR.	
CITY-ST-ZIP	STUART FLA 34994	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/00

Date

561 809 2440

Daytime Phone #

CR2E034 (5/00)