

3/31

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90351 036 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P00000037333**

1. Entity Name

MONAHAN CONSTRUCTION SERVICES, INC.

Principal Place of Business

Mailing Address

22 SOVEREIGN LN  
 ORMOND BEACH FL 32176  
 XXXXXXXXXX

22 SOVEREIGN LN  
 555 W. GRANADA BLVD  
 XXXXXXXXXX

2. Principal Place of Business

1075 OCEANSHORE BLVD

Suite, Apt. #, etc.

3. Mailing Address

555 W. GRANADA BLVD

Suite, Apt. #, etc.

SUITE G-10

City &amp; State

ORMOND BEACH, FL

City &amp; State

ORMOND BEACH, FL

Zip

32174

Country

USA

Zip

32174

Country

USA

4. FEI Number

59-3657189

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

Name

DALE J. ABBOTT, CPA

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

555 W. GRANADA BLVD. STE G-10

City

Ormond Beach,

FL

Zip Code

32174

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, 2002 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MONAHAN, JAMES J	
STREET ADDRESS	22 SOVEREIGN LN	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1075 OCEANSHORE BLVD	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (2/01)