

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000059112**

1. Entity Name

MARCO ISLAND CONSTRUCTION CORP.

FILED

01 SEP 28 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

~~137 HOLLYHOCK COURT~~
MARCO ISLAND FL 34145

~~137 HOLLYHOCK COURT~~
MARCO ISLAND FL 34145 34146
PO Box 1251

148 Hollyhock Court

PO Box 1251

2. Principal Place of Business

3. Mailing Address

148 Hollyhock Court

PO Box 1251

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34146

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-36544-57

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

WOODWARD, CRAIG R
WOODWARD, PIRES & LOMBARDO, P.A.
606 BALD EAGLE DRIVE, SUITE 500
MARCO ISLAND FL 34146

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

CRAIG Woodward

Craig Woodward

9/25/01

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 \$550.00
After September 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ROSENBLUM, GERALD S**
CITY-ST-ZIP **137 HOLLYHOCK COURT**
MARCO ISLAND FL 34145

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ADAMS, CHRIS**
CITY-ST-ZIP **295 WATERSIDE #100**
MARCO ISLAND FL 34145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **148 Hollyhock Court**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **166 Kirkwood**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **700004625657-7**
CITY-ST-ZIP **-10/08/01--01007--002**
******750.00 ****750.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **LS**
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 all other like empowered.

SIGNATURE:

Gerald Rosenblum

9/25/01

941-450-4770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)