

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
~~137 HOLLYHOCK COURT~~
MARCO ISLAND FL 34145
148 Hollyhock Court

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

2. Principal Place of Business
148 Hollyhock Court

3. Mailing Address
PO Box 1251

Suite, Apt. #, etc.

City & State

Zip Country
34146

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2001

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

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

7. Name and Address of New Registered Agent

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

TITLE	D <input type="checkbox"/> Delete
NAME	ROSENBLUM, GERALD S
STREET ADDRESS	137 HOLLYHOCK COURT
CITY-ST-ZIP	MARCO ISLAND FL 34145
TITLE	D <input type="checkbox"/> Delete
NAME	ADAMS, CHRIS
STREET ADDRESS	295 WATERSIDE #100
CITY-ST-ZIP	MARCO ISLAND FL 34145
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	148 Hollyhock Court
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	166 Kirkwood
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700004625657
STREET ADDRESS	-10/08/01--01007--002
CITY-ST-ZIP	****750.00 ****750.00
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	LS
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: **Gerald S Rosenblum** *Gerald S Rosenblum* **9/25/01** **941-450-4770**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)