2001 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2001 8:00 am Secretary of State DOCUMENT # P00000088999 FLORIDA GENERAL CONTRACTORS INC. 03-06-2001 90341 022 ***150.00 Principal Place of Business Mailing Address 9159 INDIAN RIVER RUN 9159 INDIAN RIVER RUN **BOYNTON BEACH FL 33437** BOYNTON BEACH FL 33437 (4 0 D I V 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FFI Number Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name GAY, BRUCE Street Address (P.O. Box Number is Not Acceptable) 9159 INDIAN RIVER RUN **BOYNTON BEACH FL 33437** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Delete TITLE TITLE Bruce G. Bay 4159 Indian RIVER RUN NAME NAME STREET ADDRESS STREET ADDRESS YNTON BEACH, FI CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE MANY H. Guy NAME NAME 9159 INDIAN RIVEL RUN STREET ADDRESS STREET ADDRESS BOYNTON BEACH FI 33437 CITY-ST-ZIP CITY-ST-ZIP Addition Delete. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ... Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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13. I hereby certify that the information supplied with this filling 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 tike empowered.

SIGNATURE:

SIGNATURE:

Data

Data

Daytime Phone #