

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095136

1. Entity Name

FLORIDA GENERAL CONSTRUCTION CORPORATION

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90058 039 ***158.75

Principal Place of Business

1547 FLORIDA MANGO ROAD
UNIT 11-2
WEST PALM BEACH FL 33409

Mailing Address

1547 FLORIDA MANGO ROAD
UNIT 11-2
WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

Box 15454

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach, FL

4. FEI Number

65-1045101

Applied For

Not Applicable

Zip

Country

Zip

33416

Country

PB

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

O'HARA, PATRICK M
324 DATURA STREET
SUITE 100
WEST PALM BEACH FL 33401

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MOORE, JAMES B
1547 FLORIDA MANGO ROAD - UNIT 11-2
WEST PALM BEACH FL 33409 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
COATES, MATTHEW J
1547 FLORIDA MANGO ROAD - UNIT 11-2
WEST PALM BEACH FL 33409 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

James B. Moore

Date

Daytime Phone #

1-20-01 561-697-0039

CR2E034 (10/00)