

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90042 035 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P01000011420*

1. Entity Name

FMN Construction, Inc.

DO NOT WRITE IN THIS SPACE

427666

2. Principal Place of Business

432 Center Rd.

Suite, Apt. #, etc.

3. Mailing Address

432 Center Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Venice, FL

City & State

Venice, FL

4. FEI Number

65-1072540

Applied For

Not Applicable

Zip

34292

Country

USA

Zip

34292

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Daniel L. Prewett

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

5777 Beneva Rd. South

City

Sarasota

FL

Zip Code

34233

**DO NOT WRITE
IN THIS SPACE**

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 is applicable.

(NOTE: Registered Agent Signature required when filing.)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
*DIPIT
Nerini, Frederick M.
432 Center Rd.
Venice, FL 34292*

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
*D
McCauley, Thomas
432 Center Rd.
Venice, FL 34292* *Delete*

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
*D/S
Burgess, Benjamin
432 Center Rd.
Venice, FL 34292*

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
*D/VP
Burgess, Robert
432 Center Rd.
Sarasota, FL 34292*

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01

(941) 468-6184

Date:

Daytime Phone:

CR2E034B (12/01)