

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90288 001 ***450.00

DOCUMENT # P01000110527

1. Entity Name

M & D CONSTRUCTION SERVICES, INC.

Principal Place of Business

6885 SW 18TH ST STE 7
 BOCA RATON FL 33433

Mailing Address

6885 SW 18TH ST STE 7
 BOCA RATON FL 33433

2. Principal Place of Business

11555 Heron Bay Blvd

3. Mailing Address

11555 Heron Bay Blvd

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33076

Country

US

Zip

33076

Country

US

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WAROFF, MICHAEL CPA.
 6885 SW 18TH ST STE 7
 BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name Michael Warff, CPA

Street Address (P.O. Box Number is Not Acceptable)
11555 Heron Bay Blvd

Suite 200

City Coral Springs

FL

Zip Code
33076

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, 2002 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	WAROFF, MICHAEL	
STREET ADDRESS	596 NW 111TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	DV	<input type="checkbox"/> Delete
NAME	OUELLETTE, DEAN	
STREET ADDRESS	6031 NW 44TH AVE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/01)

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:

Michael Warff 4/22/02 354.603.0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #