

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000019542

1. Entity Name

BEWN CONSTRUCTION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90206 016 ***150.00

Principal Place of Business

Mailing Address

3201 LOWSON BLVD
DELRAY BEACH FL 33445

3201 LOWSON BLVD
DELRAY BEACH FL 33445-5636

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0394708

Applied For

Not Applicable

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

GRiffin, WILLIAM N
3201 LOWSON BLVD
DELRAY BEACH FL 33445

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, 2000 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	DCP	<input type="checkbox"/> Delete
NAME	GRiffin, WILLIAM N	
STREET ADDRESS	3201 LOWSON BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	YOUNG, KATHERINE A.	
STREET ADDRESS	415 N.W. 6TH AVE.	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GRiffin, MARY M.	
STREET ADDRESS	3201 LOWSON BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, SHARON	
STREET ADDRESS	3201 LOWSON BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LEWIS, NIMROD	
STREET ADDRESS	111 N.E. 19TH AVE.	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDMONDS, JAMES	
STREET ADDRESS	309 NW 3RD STREET	
CITY-ST-ZIP	DEERFIELD FL 33441	

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
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

561-637-9894

4-10-00