

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000040686

1. Entity Name  
**SECANT CONSTRUCTION, INC.**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90405 050 \*\*\*150.00

00045551



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O MITCHELL T. MCRAE P.A.  
6274 LINTON BLVD., SUITE 100  
DELRAY BEACH FL 33484

Mailing Address  
C/O MITCHELL T. MCRAE P.A.  
6274 LINTON BLVD., SUITE 100  
DELRAY BEACH FL 33484

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **NOT APPLICABLE** 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

**MITCH, MCRAE E**  
**6274 LINTON BLVD.**  
**SUITE 100**  
**DELRAY BEACH FL 33484**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 ☐ Delete  
NAME **D SCHIFF, JERRY**  
STREET ADDRESS **6274 LINTON BLVD, SUITE 100**  
CITY-ST-ZIP **DELRAY BEACH FL 33484**

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

TITLE ☐ Delete  
NAME **D CALANDRIELLO, FRANK**  
STREET ADDRESS **6274 LINTON BLVD., SUITE 100**  
CITY-ST-ZIP **DELRAY BEACH FL 33484**

☐ Change ☐ Addition  
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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]* **Apr 25/01 (561) 637-3919**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)