

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90110 001 \*\*\*150.00

**DOCUMENT # P93000053342**

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

Principal Place of Business  
**2848 JOHN ANDERSON DR.  
ORMOND BEACH FL 32176  
US**

Mailing Address  
**2848 JOHN ANDERSON DR.  
ORMOND BEACH FL 32176  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**40 COLUMBIA LN**  
Suite, Apt. #, etc.

3. Mailing Address  
**40 COLUMBIA LN**  
Suite, Apt. #, etc.

City & State  
**Palm Coast, FL**  
Zip  
**32137**

City & State  
**Palm Coast FL**  
Zip  
**32137**

4. FEI Number **59-3256918**  
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**

**FOGARTY, MICHAEL W  
2848 JOHN ANDERSON DRIVE  
ORMOND BEACH FL 32176**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**40 COLUMBIA LN**  
City **Palm Coast** **FL** Zip Code **32137**

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 \_\_\_\_\_

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT FOGARTY, MICHAEL W 189 BELLEAIRE DR PALM COAST FL 32137</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FOGARTY, COLLEEN 40 COLUMBIA LANE PALM COAST FL 32137</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>40 COLUMBIA LN PALM COAST, FL 32137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Sec FRANCESCA B. FOGARTY 189 BELLEAIRE DR. PALM COAST, FL 32137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Colleen R. Fogarty **Colleen Fogarty** March 20, 2001 (386) 445-8979  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)