

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000053342

1. Entity Name
FOGARTY CONSTRUCTION, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90164 018 ***150.00

Principal Place of Business

40 COLUMBIA LN
PALM COAST FL 32137
US

Mailing Address

40 COLUMBIA LN
PALM COAST FL 32137
US

2. Principal Place of Business

116 Wynnfield Drive
Suite, Apt. #, etc.

3. Mailing Address

116 Wynnfield Drive
Suite, Apt. #, etc.

City & State

Palm Coast FL

City & State

Palm Coast FLORIDA

Zip

32164

Country

USA

Zip

32164

Country

USA
Flagler

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

FOGARTY, MICHAEL W
40 COLUMBIA LN
PALM COAST FL 32137

7. Name and Address of New Registered Agent

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, 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	DT	<input type="checkbox"/> Delete
NAME	FOGARTY, MICHAEL W	
STREET ADDRESS	40 COLUMBIA LN	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	V	<input type="checkbox"/> Delete
NAME	FOGARTY, COLLEEN	
STREET ADDRESS	40 COLUMBIA LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOGARTY, FRANCESCA B	
STREET ADDRESS	189 BELLEAIRE DR.	
CITY-ST-ZIP	PALM COAST FL 32137	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	116 Wynnfield Drive	
CITY-ST-ZIP	Palm Coast FL 32164	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	116 Wynnfield Drive	
CITY-ST-ZIP	Palm Coast, FL 32164	
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		

3. 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 A. Fogarty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COLLEEN FOGARTY

VP

1/31/02

386-445-8979

Date

Daytime Phone #

CR2E034 (9/01)