

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044821

1. Entity Name
BOERNER CONSTRUCTION, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90064 013 ***150.00

055448

Principal Place of Business

12144 CITATION RD
SPRING HILL FL 34610
US

Mailing Address

12144 CITATION RD
SPRING HILL FL 34610
US

961689

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6444 PAW PLACE

Suite, Apt. #, etc.

6444 Paw Place

City & State

Land O' Lakes FL

City & State

Land O' Lakes, FL

Zip

34639

Country

US

Zip

34639

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3252660**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOERNER, DEBORAH
12144 CITATION RD
SPRING HILL FL 34610

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6444 Paw Place

City

Land O' Lakes

FL

Zip Code

34639

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, 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 **D** ☐ Delete
NAME **BOERNER, DEBORAH L**
STREET ADDRESS **12465 CITATION RD**
CITY-ST-ZIP **SPRING HILL FL 34610**

TITLE ☒ Change ☐ Addition
NAME **6444 Paw Place**
STREET ADDRESS **Land O' Lakes FL**
CITY-ST-ZIP **34639**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Deborah L. Boerner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

Date

813 9966611

Daytime Phone #

CR2E034 (10/00)