

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048946

1. Entity Name

M. J. ANDERSON CONSTRUCTION P. R., INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90141 022 ***158.75

Principal Place of Business

11382 PROSPERITY FARMS RD
SUITE 130
PALM BEACH GARDENS FL 33410

Mailing Address

11382 PROSPERITY FARMS RD
SUITE 130
PALM BEACH GARDENS FL 33410-3463

704129



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0676552

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PERRY, STEVEN L
1 SW OSCEOLA ST SUITE 2
STUART FL 34994

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

TITLE	CEO	<input type="checkbox"/> Delete
NAME	ANDERSON, MICHAEL J	
STREET ADDRESS	11382 PROSPERITY FARMS RD SUITE 130	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RICCI, DONALD	
STREET ADDRESS	137 INTRACOASTAL CR	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	P	<input type="checkbox"/> Delete
NAME	ANDERSON, MICHAEL J	
STREET ADDRESS	11382 PROSPERITY FARMS RD. STE.130	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	
TITLE	TS	<input type="checkbox"/> Delete
NAME	TAMILA, DAVID W	
STREET ADDRESS	11962 SE TIFFANY WY	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	V	<input type="checkbox"/> Delete
NAME	LELAND, EDWIN	
STREET ADDRESS	4835 BIMINI ROAD	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	S V	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, RICK	
STREET ADDRESS	840 BUTTWOOD ROAD	
CITY-ST-ZIP	N. DALE BCH FL 33408	

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 reports 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

Michael J. Anderson 1/10/00 561-627-4744

Date

Daytime Phone #

CR2E034 (9/99)