

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2001 8:00 am
Secretary of State**

04-17-2001 90031 001 ***150.00

DOCUMENT # P96000048946

1. Entity Name

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

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

105-0676552

Applied For.

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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 **Donald R. Bicknell**

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

**701 U.S. Highway One
Suite 402**City **North Palm Beach FL** Zip Code **33408**

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

Donald R. Bicknell**3/27/01**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	P	<input type="checkbox"/> Delete
NAME	Anderson, Michael J.	
STREET ADDRESS	11382 Prosperity Farms Rd.	
CITY-ST-ZIP	Palm Beach Gardens FL 33410	

TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	Tamila, David W	
STREET ADDRESS	11962 SE Tiffany Way	
CITY-ST-ZIP	Tequesta FL 33469	

TITLE	V	<input type="checkbox"/> Delete
NAME	Leland, Edwin	
STREET ADDRESS	4838 Blimini Road	
CITY-ST-ZIP	Tequesta FL 33469	

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		

TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindy Cswerko	
STREET ADDRESS	11382 Prosperity Farms Rd.	
CITY-ST-ZIP	Palm Beach Gardens FL 33410	

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
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Anderson

Date

3/19/01 561-627-4744

Daytime Phone #

CR2E034 (11/00)