

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098133

1. Entity Name

ROBERT M. CARON CONSTRUCTION, INC.

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**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90001 009 \*\*\*150.00

Principal Place of Business

436 12TH PLACE SE  
VERO BEACH FL 32962

Mailing Address

P.O. BOX 6671  
VERO BEACH FL 32961-6771

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

59-3410635

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

CARON, ROBERT M  
436 12TH PLACE SE  
VERO BEACH FL 32962

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME P  
STREET ADDRESS CARON, ROBERT M  
CITY-ST-ZIP 436 12TH PLACE SE  
VERO BEACH FL

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS CARON, SUSAN  
CITY-ST-ZIP 436 12TH PLACE SE  
VERO BCH FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 of Robert M. Caron*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-00 361-562-6719  
Date Daytime Phone #

Attachment P96000098133 B0103639



## Caron Construction



Robert M. Caron  
P.O. Box 6671  
Vero Beach, Florida 32961  
(407) 562-6719

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Document # P96000098133 Robert M. Caron Construction, Inc.

Dear Nathan;

Per our telephone conversation on July 19, 2000, enclosed please find a check in the amount of \$150.00 fee and the above mentioned report. As I explained to you on the telephone, I never received the first notice for the report or payment therefor I was unable to file it before the due date.

Thank you for helping me in this matter and if you have any questions, please do not hesitate to contact me at your convenience.

Sincerely,

Susan Caron  
Vice President

Certified General Contractor

License # CG C014764 • Insured