

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003716

1. Entity Name

ANDREW WARNER CONSTRUCTION, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90217 014 ***150.00

Principal Place of Business

Mailing Address

3880 SHERIDAN STREET
HOLLYWOOD FL 33021
US

3880 SHERIDAN STREET
HOLLYWOOD FL 33021-3634
US

LUU16U87



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3868 SHERIDAN ST.
Suite, Apt. #, etc.

3868 SHERIDAN ST
Suite, Apt. #, etc.

City & State

City & State

HOLLYWOOD, FL

HOLLYWOOD, FL

4. FEI Number

65-0723950

Applied For

Not Applicable

Zip

Country

Zip

Country

33021

USA

33021

USA

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

MURPHY, JOHN J III

3880 3862 SHERIDAN STREET
HOLLYWOOD FL 33021-3634

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete
NAME KORTE, BRIAN K
STREET ADDRESS 3862 SHERIDAN STREET
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE PS ☒ Change ☐ Addition
NAME BRIAN KORTE
STREET ADDRESS 3868 SHERIDAN ST
CITY-ST-ZIP HOLLYWOOD, FL 33021

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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2000 954981-9555
Date Daytime Phone #

CR2E034 (9/99)