

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020033

1. Entity Name

EWING CONSTRUCTION RELATED SERVICES, INC.

Principal Place of Business

170 BUSINESS PARKWAY  
ROYAL PALM BEACH FL 33411

Mailing Address

170 BUSINESS PARKWAY  
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

1162 So Harbor Drive  
Suite, Apt. #, etc.

3. Mailing Address

1162 So. Harbor Drive  
Suite, Apt. #, etc.

City & State

Singer Island, FL

City & State

Singer Island, FL

Zip

33404

Country

USA

Zip

33404

Country

USA

4. FEI Number

65-0817713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EWING, JAMES T  
170 BUSINESS PARKWAY  
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

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, 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 EWING, JAMES T  
STREET ADDRESS 170 BUSINESS PARKWAY  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

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

TITLE D ☐ Delete  
NAME EWING, CARLA H  
STREET ADDRESS 170 BUSINESS PARKWAY  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:

CARLA H. EWING *Carla H. Ewing*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01 561-841-7626

Date

Daytime Phone #

0622506

CR2E034 (10/00)

FILED  
Apr 07, 2001 8:00 am  
Secretary of State

04-07-2001 90012 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE