## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## DOCUMENT # **P98000026484** May 01, 2000 8:00 am Secretary of State 1. Entity Name TAYCON CONSTRUCTION MANAGEMENT INC. 05-01-2000 90042 030 \*\*\*158.75 Principal Place of Business Mailing Address 10276 RIVERSIDE DRIVE 10276 RIVERSIDE DRIVE PALM BEACH GARDENS FL 33410 PALM BEAGH GARDENS FL 33410-4852 3. Mailing Address 2. Principal Place of Business SAME AS P.P. B. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. UITE ity & State LM BEACH GARDENS, Applied For City & State 4. FEI Number 65-0830774 Not Applicable-Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRAMS, DANIEL J Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD STE 1050 WEST PALM BEACH FL 33401 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Change ☐ Addition TITLE TITLE Delete SZYNDLAR, GARRY J NAME NAME STREET ADDRESS 6419 LONGLEAF PINE DRIVE STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE RAWE, ROBERT W II NAME 10276 RIVERSIDE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP ☐ Addition Delete TITLE HENSCHEL, KELLY NAME NAME **2502** STREET ADDRESS 10276 RIVERSIDE DRIVE STREET ADDRESS 33418 CITY-ST-ZIP PALM BEACH GARDENS FL 83419-CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE SZYNDLAR, BARBARA J NAME NAME STREET ADDRESS STREET ADDRESS 6419 LONGLEAF PINE DRIVE CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the accuracy with all other like empowered.

Daytime Phone #