

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047108

1. Entity Name

HIGHBURY CONSTRUCTION, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90085 019 \*\*\*150.00

Principal Place of Business

Mailing Address

1300 N.E. 3RD STREET #24  
FORT LAUDERDALE FL 33301

1300 N.E. 3RD STREET #24  
FORT LAUDERDALE FL 33301-1720

2. Principal Place of Business

800 SE 8TH STREET

Suite, Apt., etc.

3. Mailing Address

800 SE 8TH STREET

Suite, Apt., etc.



DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE FL

Zip

33316

Country

U.S.A

City & State

FORT LAUDERDALE FL

Zip

33316

Country

U.S.A

4. FEI Number

65-0857592

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MANN, PHILIP A  
1300 N.E. 3RD STREET #24  
FORT LAUDERDALE FL 33301

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, 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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	MANN, PHILIP A	
STREET ADDRESS	1300 N.E. 3RD STREET #24	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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
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:

*Philip A Mann* P. MANN (PRESIDENT)

Date

1/12/2000

Telephone #

(954) 40 9046

CR2E034 (9/99)