

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048214

1. Entity Name

PIEDMONT CONTRACTORS CORPORATION

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90238 050 ***150.00

Principal Place of Business

Mailing Address

C/O JOHN P. FENNER, ESQ.
~~2300 GLADES RD., SUITE 203E~~
BOCA RATON FL 33431

C/O JOHN P. FENNER, ESQ.
~~2300 GLADES RD., SUITE 203E~~
BOCA RATON FL 33431-7005

3998 FALL BLVD
STE 200-112

3998 FALL BLVD
STE 200-112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3998 FALL BLVD STE 200-112

3998 FALL BLVD STE 200-112

City & State

City & State

4. FEI Number 65-0838925

Applied For

Not Applicable

Zip

Country

Zip

Country

33431

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

FENNER, JOHN P
~~2300 GLADES RD., SUITE 203E~~
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

3998 FALL BLVD, STE 200-112

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

John Fenner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/14/00

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	D	<input type="checkbox"/> Delete
NAME	FENNER, JOHN P	
STREET ADDRESS	2300 GLADES RD., STE 203E	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	S	<input type="checkbox"/> Delete
NAME	BUCKIUS, ERICA	
STREET ADDRESS	2300 GLADES RD., STE 203 E	
CITY-ST-ZIP	BOCA RATON FL 33431	
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		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3998 FALL BLVD, STE 200-112
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2300 GLADES Road, STE 203E
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:

John Fenner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/00 (561) 750-5044

Daytime Phone #

CR2E034 (9/99)