

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90233 018 ***150.00

DOCUMENT # P98000048214

1. Entity Name

PIEDMONT CONTRACTORS CORPORATION

Principal Place of Business

~~3701 FALL BLVD STE 210~~ **2840 NW Boca Raton Blvd Suite 107**
 BOCA RATON FL 33431

Mailing Address

~~3701 FALL BLVD STE 210~~
 BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

2840 NW Boca Raton Blvd Suite 107

Suite, Apt., etc.

2840 NW Boca Raton Blvd Suite 107

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0838925

Applied For

Not Applicable

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

~~3701 FALL BLVD STE 210~~ **2840 NW Boca Raton Blvd Suite 107**
 BOCA RATON FL 33431

Name

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

2840 NW Boca Raton Blvd Suite 107

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 **JOHN FENNER**

4/19/02

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, 2002 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 **FENNER, JOHN P**
 STREET ADDRESS ~~3701 FALL BLVD STE 210~~ **2840 NW Boca Raton Blvd Suite 107**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ Change ☐ Addition
 NAME **2840 NW Boca Raton Blvd Suite 107**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 **JOHN FENNER**

4/19/02

561-780-5044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)