

2000 UNIFORM BUSINESS REPORT (UBR)

1/27/00-90053-013-\$150.00-\$150.00

DOCUMENT # P99000013140

1. Entity Name

FOUNTAIN CONSTRUCTION GROUP, INC.

FILED

00 MAR -2 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

63 COVINGTON LANE
PALM COAST FL 32137

Mailing Address

POST OFFICE BOX 351316
PALM COAST FL 32135-1316

2. Principal Place of Business

ONE CORPORATE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 1-I

Suite, Apt. #, etc.

City & State

PALM COAST, FLORIDA

City & State

Zip

32137

Country

FLA

Zip

Country

4. FEI Number

59-3563487

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

B. PAUL KATZ, ESQUIRE
1 FLORIDA PARK DRIVE SOUTH
ATRIUM SUITE
PALM COAST FL 32137

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 PSTD ☒ Delete
NAME B. PAUL KATZ
STREET ADDRESS POST OFFICE BOX 351399
CITY-ST-ZIP PALM COAST FL 32135-1399

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CST Chairman, Secy, Treas ☐ Change ☒ Addition
NAME FRANK D. HUTCHINSON
STREET ADDRESS ONE CORPORATE DR. # 1-I
CITY-ST-ZIP PALM COAST, FL. 32137

TITLE President ☐ Change ☒ Addition
NAME JAMES AIBANO
STREET ADDRESS ONE CORPORATE DR. # 1-I
CITY-ST-ZIP PALM COAST, FL 32137

TITLE V ☐ Change ☒ Addition
NAME THOMAS AIBANO
STREET ADDRESS ONE CORPORATE DR. # 1-I
CITY-ST-ZIP PALM COAST, FL 32137

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

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

TITLE ☐ Change ☐ 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 its address, with all power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00

Date

904/445-5210

Daytime Phone #

CR2E034 (9/99)