

2000 UNIFORM BUSINESS REPORT (UBR)

3/9/00-90090-024-\$150.00-\$150.00

DOCUMENT # P99000036476

1. Entity Name

HERCULES DEMOLITION COMPANY

FILED

00 MAR 29 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2305 N.W. 6TH ST.
FT. ALUDERDALE FL 33311

Mailing Address

2305 N.W. 6TH ST.
FT. ALUDERDALE FL 33311-7733

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0940198

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, LINSEY
#212 843 ALDERMAN RD.
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

ULYSEES MOORE

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

2420 N.W. 23rd. Lane

City

Ft. Lauderdale,

FL

Zip Code

33311

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

Ulysees Moore ULYSEES MOORE President

3-24-00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

PD
MOORE, ULYSEES
2305 N.W. 6TH ST.
FT. ALUDERDALE FL 33311

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

VST
MOORE, ULYSEES
2305 N.W. 6TH ST.
FT. ALUDERDALE FL 33311

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TITLE
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-00

Date

(954) 792-4295

Daytime Phone

CR2E034 (9/99)