

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90365 029 ***158.75

DOCUMENT # P99000067379

1. Entity Name

FLORIDA CONSTRUCTION NOTICE, INCORPORATED

Principal Place of Business

Mailing Address

**440 S SUNSET DRIVE
CASSELBERRY FL 32707****440 S SUNSET DRIVE
CASSELBERRY FL 32707-4320**

2. Principal Place of Business

3. Mailing Address

1251 Seminola Blvd**PO Box 180274**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202**Casselberry FL****Casselberry FL**

City & State

City & State

Zip

Seminole

Zip

Seminole

Country

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3588810

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

GROSS, TAMMY**440 S SUNSET DRIVE
CASSELBERRY FL 32707****Tammy Gross**

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

1251 Seminola Blvd**#202****Casselberry****FL**

Zip Code

32707

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

Tammy G Gross President**4-15-00**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

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change☐ Addition

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

Date

Daytime Phone #

4-15-00**407-
830-8300**