

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067379

1. Entity Name

FLORIDA CONSTRUCTION NOTICE, INCORPORATED

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90033 047 ***150.00

Principal Place of Business

440 S SUNSET DRIVE
CASSELBERRY FL 32707

Mailing Address

440 S SUNSET DRIVE
CASSELBERRY FL 32707

2. Principal Place of Business

1251 Seminola Blvd

3. Mailing Address

P.O. Box 180274

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

City & State

Casselberry FL

City & State

Casselberry FL

Zip

32707

Country

USA

Zip

32718

Country

USA

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

GROSS, TAMMY
 440 S SUNSET DRIVE
 CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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 the filer (initials)

(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, 2001 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSTV
GROSS, TAMMY
1251 SEMINOLA BLVD #202
CASSELBERRY FL 32707

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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)(b), 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tammy G. Gross

Date

4-20-01

Date of Filing

407-830-8300

CR2E034 (10/00)