

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069473

1. Entity Name

STRUCTURE CON OF FLORIDA, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90031 021 \*\*\*150.00

Principal Place of Business

Mailing Address

2455 14TH AVE.  
VERO BEACH FL 32960

2455 14TH AVE.  
VERO BEACH FL 32960-3303

2. Principal Place of Business

16 TROY HILLS ROAD  
Suite, Apt. #, etc.

3. Mailing Address

16 TROY HILLS ROAD  
Suite, Apt. #, etc.

City & State

WHIPPANY, NEW JERSEY

Zip

07981

Country

MORRIS

City & State

WHIPPANY, NEW JERSEY

Zip

07981

Country

MORRIS



DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3631900

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

COLLINS, GEORGE G JR.  
756 BEACHLAND BLVD  
VERO BEACH FL 32963

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	PD	<input type="checkbox"/> Delete
NAME	STARK, ROBERT F	
STREET ADDRESS	16 TROY HILLS RD.	
CITY-ST-ZIP	WHIPPANY NJ 07981	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FORDERING, DIANA	
STREET ADDRESS	2448 SE ALLEN STREET	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	
TITLE	ASTD	<input type="checkbox"/> Delete
NAME	KING, JIM	
STREET ADDRESS	16 TROY HILLS RD.	
CITY-ST-ZIP	WHIPPANY NJ 07981	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KING, BRIAN	
STREET ADDRESS	16 TROY HILLS RD.	
CITY-ST-ZIP	WHIPPANY NJ 07981	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE:

*Robert F. Stark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT F. STARK, PRESIDENT MAY 1, 2000 (973) 722-6874

CR2E034 (9/99)