9/17/01-90003-028-$150.00-$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076448

1. Entity Name

SMALLHORNE GENERAL CONTRACTOR, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 18 PM 4:00

978823

Principal Place of Business	Mailing Address
126 CHESTNUT CIRCLE	126 CHESTNUT CIRCLE
ROYAL PALM BEACH, FL. 33411	ROYAL PALM BEACH, FL. 33411

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14460 CITRUS GROVE BLVD.	14460 CITRUS GROVE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LOXAHATCHEE, FLORIDA	City & State: LOXAHATCHEE, FLORIDA
Zip: 33470 Country:	Zip: 33470 Country:

4. FEI Number 65-0941018 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AMIEL, DENNIS
14460 CITRUS GROVE BLVD.
LOXAHATCHEE, FLORIDA 33470

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMIEL, DENNIS 14460 CITRUS GROVE BOULEVARD. LOXAHATCHEE, FL. 33470 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMALLHORNE, MICHAEL 14460 CITRUS GROVE BOULEVARD LOXAHATCHEE, FL. 33470 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] DENNIS AMIEL PD — 9-12-01 — 561-718-9640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT

SMALLHORN GENERAL CONTRACTOR, INC
CG C019398
14460 CITRUS GROVE BOULEVARD ~ LOXAHATCHEE, FLORIDA 33470
Phone 561-333-0577 Fax 561-333-1534

978823

September 12, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: 2001 Uniform Business Report P99000076448

Sir/Madam,

We discovered in talking to a business associate, that today was the deadline for reports of corporations. We were unable to trace or confirm receipt of renewal notices.

A telephone call to your office directed how to download the relevant form which is enclosed with our check in the amount of one hundred and fifty dollars ($150.00).

Sincerely,

Dennis Amiel