

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110697

1. Entity Name

TAZEWELL CONSTRUCTION, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90184 037 ***150.00

Principal Place of Business

C/O JEFFREY L. GREENBERG
1761 W HILLSBORO BLVD SUITE 201
DEERFIELD BEACH FL 33442

Mailing Address

C/O JEFFREY L. GREENBERG
1761 W HILLSBORO BLVD SUITE 201
DEERFIELD BEACH FL 33442

2. Principal Place of Business

801 N. Ocean Blvd.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 446
Suite, Apt. #, etc.

City & State Delray Beach
Boca Raton, FL

City & State Delray Beach, FL

Zip 33483

Country USA

Zip 33483

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENBERG, JEFFREY L
1761 W HILLSBORO BLVD
SUITE 201
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name Jeffrey L. Greenberg
Street Address (P.O. Box Number is Not Acceptable)
Law office of Jeffrey L. Greenberg
4800 N. Federal Highway, Suite 304 D
City Boca Raton FL Zip Code 33431

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, type or print 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
NAME	P/T/S Boyd Boggs BSB
STREET ADDRESS	801 N. Ocean Blvd
CITY-ST-ZIP	Boca Raton FL 33483
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)