

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S31709

1. Entity Name

NEMCO CONSTRUCTION COMPANY

Principal Place of Business

Mailing Address

220 SUNRISE AVE  
STE C  
PALM BEACH FL 33480  
US

220 SUNRISE AVENUE  
SUITE C  
PALM BEACH FL 33480  
US

2. Principal Place of Business

125 WORTH Ave. #221

3. Mailing Address

125 WORTH Ave. #221

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH, FL

City & State

PALM BEACH, FL

Zip

33480

Country

USA

Zip

33480

Country

USA

6. Name and Address of Current Registered Agent

MURPHY, NORMAN E.  
220 SUNRISE AVENUE, SUITE C  
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

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

125 WORTH Ave. #221

City

PALM BEACH

FL

Zip Code

33480

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

1/10/2001

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	PT	<input type="checkbox"/> Delete
NAME	MURPHY, NORMAN E	
STREET ADDRESS	220 SUNRISE AVENUE, SUITE C	
CITY-ST-ZIP	PALM BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MURPHY, SARAH	
STREET ADDRESS	220 SUNRISE AVENUE, SUITE C	
CITY-ST-ZIP	PALM BCH FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	125 WORTH Ave. #221	
STREET ADDRESS	PALM BEACH, FL 33480-4430	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	125 WORTH Ave. #221	
STREET ADDRESS	PALM BEACH, FL 33480-4430	
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 #

1/10/2001 561-655-6688

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90089 046 \*\*\*150.00

C0007054



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)