

2001, UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S55264****1. Entity Name**
800 CONSTRUCTION, INC.

Principal Place of Business

**2300 CORPORATE BLVD #238
BOCA RATON FL 33431
US**

Mailing Address

**STE 400
3003 TAMiami TRAIL NORTH
NAPLES FL 34103
US****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0272314

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****BOTOS, MICHAEL E.
1900 PHILLIPS POINT DRIVE
777 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33401-6198****7. Name and Address of New Registered Agent**

Name

MICHAEL E. BOTOS

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

250 ROYAL PALM WAY

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

**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 PD**
NAME TEMPLE, JOHN W. ☐ Delete
STREET ADDRESS 2300 NW CORPORATE #238
CITY-ST-ZIP BOCA RATON FL**TITLE V**
NAME POST, MICHAEL T. ☐ Delete
STREET ADDRESS 2300 CORPORATE BLVD SUITE 238
CITY-ST-ZIP BOCA RATON FL**TITLE ST**
NAME FLOOD, THOMAS J. ☐ Delete
STREET ADDRESS 3003 TAMiami TRAIL, N.
CITY-ST-ZIP NAPLES FL**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
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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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**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)(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: **Thomas J. Flood****3/21/01****941/261-4455**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90055 005 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)