

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90018 008 \*\*\*150.00

0290250

**DOCUMENT # S91994**

1. Entity Name

**PRESIDENTIAL CONSTRUCTION CORPORATION**

Principal Place of Business

Mailing Address

**3910 RCA BLVD  
 STE 1011  
 PALM BEACH GARDENS FL 33410  
 US**

**3910 RCA BLVD  
 STE 1011  
 PALM BEACH GARDENS FL 33410  
 US**

2. Principal Place of Business

3. Mailing Address

**4600 E. Park Dr.**

**4600 E. Park Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Ste 201**

**Ste 201**

City & State

City & State

**Palm Beach Gardens, FL**

**Palm Beach Gardens, FL**

Zip

Country

Zip

Country

**33410**

**USA**

**33410**

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0297755**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARY, JOHN W., III  
 GARY, DYTRICH & RYAN, P.A. -  
 701 U.S. HWY. ONE, SUITE 402  
 M. PALM BEACH FL 33408**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	<b>CROWLEY, TIM</b>	<b>3910 RCA BLVD STE 1011</b>	<b>PALM BCH GDNS FL</b>	<input type="checkbox"/>
VP	<b>BEEBE, D WILLIAM</b>	<b>3910 RCA BLVD STE 1011</b>	<b>PALM BCH GDNS FL</b>	<input type="checkbox"/>
C	<b>BILLS, JOHN C.</b>	<b>3910 RCA BLVD STE 1011</b>	<b>PALM BCH GDNS FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		<b>4600 E. Park Dr., Ste 201</b>	<b>Palm Beach Gardens, FL 33410</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>4600 E. Park Dr., Ste 201</b>	<b>Palm Beach Gardens, FL 33410</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>4600 E. Park Dr., Ste 201</b>	<b>Palm Beach Gardens, FL 33410</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**D. WILLIAM BEEBE VP 1/26/01**

CR2E034 (10/00)