

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90271 024 ***150.00

DOCUMENT # V67555
1. Entity Name
M.J. Anderson General Contractors, Inc.

Principal Place of Business 11382 Prosperity Farms Rd.
Suite 130
Palm Beach Gardens FL 33410
Mailing Address 11382 Prosperity Farms Rd.
Suite 130
Palm Beach Gardens FL 33410

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0358198
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Cox, Jack S.
4400 PGA Blvd Ste 201
Palm Beach Gardens FL 33410

7. Name and Address of New Registered Agent
Name: Donald R. Bicknell
Street Address (P.O. Box Number is Not Acceptable)
701 U.S. Highway One
Suite 402
City: North Palm Beach FL Zip Code: 33408

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] Donald R. Bicknell 3/27/01
(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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	Anderson, Michael J.	
STREET ADDRESS	11382 Prosperity Farms Rd.	
CITY-ST-ZIP	Palm Beach Gardens FL 33410	
TITLE	TS	<input type="checkbox"/> Delete
NAME	Tamila, David	
STREET ADDRESS	11962 SE Tiffany Way	
CITY-ST-ZIP	Tequesta FL	
TITLE	✓	<input type="checkbox"/> Delete
NAME	Leland, Edwin	
STREET ADDRESS	4835 Bimini Road	
CITY-ST-ZIP	Tequesta FL 33469	
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	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindy Cswerko	
STREET ADDRESS	11382 Prosperity Farms Rd.	
CITY-ST-ZIP	Palm Beach Gardens FL 33410	
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] Michael J. Anderson 3/19/01 561-627-4744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)