

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V73943**

1. Entity Name

KONRADY CONSTRUCTION COMPANY, INC.**FILED****Apr 25, 2001 8:00 am**
Secretary of State

04-25-2001 90034 010 ***150.00

Principal Place of Business

215 SE 8TH AVENUE
BOYNTON BEACH FL 33435
US

Mailing Address

215 SE 8TH AVENUE
BOYNTON BEACH FL 33435
US

2. Principal Place of Business

5494 S.E. Harbor Terrace

Suite, Apt. #, etc.

3. Mailing Address

5494 S.E. Harbor Terrace

Suite, Apt. #, etc.

City & State

Stuart, Florida

City & State

Stuart, Florida

4. FEI Number

65-0364933

Applied For

Not Applicable

Zip

34997

Country

Martin

Zip

34997

Country

Martin

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**KONRADY, THOMAS K
215 SE 8TH AVENUE
BOYNTON BEACH FL 33435

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

Thomas K Konrady Pres.

4/16/01

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 State10. 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KONRADY, THOMAS K 7747 SE FORK DRIVE STUART FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Konrady, Thomas K. 5494 SE Harbor Terrace Stuart, FL 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 K. Konrady

Date

Daytime Phone #