

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90132 050 ***150.00

DOCUMENT # 807367

1. Entity Name

TIDEWATER CONSTRUCTION CORPORATION

Principal Place of Business

Mailing Address

809 S. MILITARY HWY
 VIRGINIA BEACH VA 23464
 US

P. O. BOX 57
 NORFOLK VA 23501-0057

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 **54-0406660**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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	VP	<input type="checkbox"/> Delete
NAME	CALLAHAN, J M	
STREET ADDRESS	648 GLASGOW ST	
CITY-ST-ZIP	CHESAPEAKE VA 23320	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSE, P B	
STREET ADDRESS	1310 SHENANDOAH PKWY	
CITY-ST-ZIP	CHESAPEAKE VA 23320	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRAY, J R	
STREET ADDRESS	616 GLASGOW ST	
CITY-ST-ZIP	CHESAPEAKE VA 23320	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DICKENS, J W	
STREET ADDRESS	115 KITCHKETTLE POINT CIR	
CITY-ST-ZIP	SUFFOLK VA 23434	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPENCE, M.W.	
STREET ADDRESS	3329 UPPER PLACE GREEN	
CITY-ST-ZIP	VIRGINIA BCH. VA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
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:

REQUIRED

1/13/00

757-420-4140

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

Date

Daytime Phone #