

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90086 045 \*\*\*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

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, 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	VP	<input type="checkbox"/> Delete
NAME	CALLAHAN, J M	
STREET ADDRESS	648 GLASGOW ST	
CITY-ST-ZIP	CHESAPEAKE VA 23320	
TITLE	VP	<input checked="" 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"/> Addition
NAME	Please See Attached	
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
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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: *C. P. Everhart, Jr.* C. P. Everhart, Jr. Controller 2/22/01 757-430-4140  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)