

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 857459**

1. Entity Name

CADDELL CONSTRUCTION CO., INC.**FILED****Jan 29, 2001 8:00 am**
Secretary of State

01-29-2001 90154 039 ***150.00

Principal Place of Business

**2700 LAGOON PARK DRIVE
PO BOX 210099
MONTGOMERY AL 36121**

Mailing Address

**2700 LAGOON PARK DRIVE
PO BOX 210099
MONTGOMERY AL 36121**

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 **63-0837971**

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

**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	CD	<input type="checkbox"/> Delete
NAME	CADDELL, JOHN A.	
STREET ADDRESS	2700 LAGOON PARK DRIVE	
CITY-ST-ZIP	MONTGOMERY AL	

TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Boone	
STREET ADDRESS	2700 Lagoon Park Dr.	<input checked="" type="checkbox"/> Delete
CITY-ST-ZIP	Montgomery, AL 36109	

TITLE	STD	<input type="checkbox"/> Delete
NAME	CADDELL, JOYCE K.	
STREET ADDRESS	2700 LAGOON PARK DR	
CITY-ST-ZIP	MONTGOMERY AL	

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

TITLE	V	<input type="checkbox"/> Delete
NAME	MARTIN, M LAMAR	
STREET ADDRESS	2700 LAGOON PARK DR	
CITY-ST-ZIP	MONTGOMERY AL 36109	

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CADDELL, JOHN K	
STREET ADDRESS	2700 LAGOON PARK DRIVE	
CITY-ST-ZIP	MONTGOMERY AL	

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

TITLE	V	<input type="checkbox"/> Delete
NAME	STEWART, B.E.	
STREET ADDRESS	2700 LAGOON PARK DRIVE	
CITY-ST-ZIP	MONTGOMERY AL	

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

TITLE	V	<input type="checkbox"/> Delete
NAME	BARROW, WARREN B	
STREET ADDRESS	2700 LAGOON PARK DRIVE	
CITY-ST-ZIP	MONTGOMERY AL	

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: *M. Lamar Martin*

M. Lamar Martin

01-18-01

334-272-7723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)