

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000432

1. Entity Name

SUNSHINE STATE ONE-CALL OF FLORIDA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV -1 AM 11:29

Principal Place of Business

11 PLANTATION RD.
DEBARY FL 32713
US

Mailing Address

11 PLANTATION RD.
DEBARY FL 32713
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

01

4. FEI Number 65-0445791

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

HEATH, BILL
11 PLANTATION RD.
DEBARY FL 32713

Name MARK SWEET

Street Address (P.O. Box Number is Not Acceptable)

EXECUTIVE DIRECTOR
11 PLANTATION ROAD

City DEBARY

FL

Zip Code

32713

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

10/5/01

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC RODGER, JEFF 1400 CHANNELSIDE DRIVE TAMPA FL 33605	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9 SCHLUTER, DAVID R 11 PLANTATION RD. DEBARY FL 32713	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS- FRANCE, ALAN 601 S. LAKE DESTINY DR, STE 450 MAITLAND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS PAINTER, TOM 528 S.W. 5TH AVE GAINESVILLE FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DAVID PARHAM 601 S. LAKE DESTINY DR, SUITE 450 MAITLAND, FL 32741-5100	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID P/V CARLOS SOLIS 14 S. FT. HARRISON AVE CLEARWATER, FL 34616	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D DAVID WHEELER 15 N. LAKESHORE DR DOCOE, FL 34761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D S/D TOM PAINTER 528 SE 5TH AVE GAINESVILLE, FL 32601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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AD

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SUNSHINE STATE ONE-CALL OF FLORIDA, INC.

CR2E037 (5/01)