

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

0134818 AT

DOCUMENT # P10628

1. Entity Name
GREG CONSTRUCTION CO.

08-01-2001 90191 018 ***550.00

Principal Place of Business
26091 SHERWOOD #111
WARREN MI 48091

Mailing Address
26091 SHERWOOD #111
WARREN MI 48091



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
38-2401182

Applied For
 Not Applicable

Zip Country

Zip Country

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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	OAKWOOD, GREGORY	
STREET ADDRESS	1636 JUNO TRAIL	
CITY-ST-ZIP	ASTOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OAKWOOD, LLOYD	
STREET ADDRESS	1680 YELLOW BRICK RD	
CITY-ST-ZIP	ASTOR FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	PFENT, LESTER A., JR.	
STREET ADDRESS	32906 CHECK DR.	
CITY-ST-ZIP	WARREN MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKEY, DEWEY	
STREET ADDRESS	1335 RED COLT CT.	
CITY-ST-ZIP	ASTOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lester A Pfent Jr.	
STREET ADDRESS	32906 Check Dr.	
CITY-ST-ZIP	Warren MI 48093	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Sochacki	
STREET ADDRESS	26091 Sherwood Ste. 111	
CITY-ST-ZIP	Warren MI 48091	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Randy Wilkey	
STREET ADDRESS	26091 Sherwood Ste. 111	
CITY-ST-ZIP	Warren MI 48091	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sean Pfent	
STREET ADDRESS	26091 Sherwood Ste. 111	
CITY-ST-ZIP	Warren MI 48091	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	((Directors Attached))	
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 _____ **SIGNATURE REQUIRED** **Lester A Pfent Jr., President** **7-23-01 (810)757-4000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment # P10628

B0060883

Director
Gregory Oakwood
1345 Red Colt Court
Astor FL 32174-2434

Director
Lloyd Oakwood
1345 Red Colt Court
Astor FL 32102

Director
Dewey Wilkey
1335 Red Colt Court
Astor FL 32102