

2001 UNIFORM BUSINESS REPORT (UBR)

1902
0109098 AT

DOCUMENT # P98000080949
 1. Entity Name
VICKERS GENERAL CONTRACTOR, INC.

FILED

01 SEP 28 PM 4:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **2014 PERRY PLACE JACKSONVILLE FL 32207**
 Mailing Address: **P.O. BOX 5459 JACKSONVILLE FL 32247**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **2014 Perry Place**
 Suite, Apt. #, etc.
 City & State: **Jacksonville, Florida**
 Zip: **32207** Country: **Deval**

4. FEI Number: **59-3540947** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
VICKERS, DAVID W
2014 PERRY PLACE
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **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	
TITLE: VPD	<input type="checkbox"/> Delete
NAME: VICKERS, STEPHANIE L	
STREET ADDRESS: 2014 PERRY PLACE	
CITY-ST-ZIP: JACKSONVILLE FL 32207	
TITLE: P	<input type="checkbox"/> Delete
NAME: VICKERS, DAVID W	
STREET ADDRESS: 2014 PERRY PLACE	
CITY-ST-ZIP: JACKSONVILLE FL 32207	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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: _____	
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: _____ **REQUIRED** Date: **09/24/01** Daytime Phone #: _____

CR2E034 (5/01)

2012



Vickers

GENERAL CONTRACTOR, INC.

Division Of Corporations
UBR Filings
P.O. 1500
Tallahassee, Fl. 32302

To Whom It May Concern:

Due to the fact that the mailing address for Vickers General Contractor, Inc. has changed, I did not receive the 2001 Uniform Business Report in time to file by the deadline.

Please make the following changes, my new business mailing address is:

2014 Perry Place
Jacksonville, Florida
32207

My old address is:
P.O.Box 5459
Jacksonville, Florida
32247

Hopefully, taking into consideration of my incorrect mailing address, the penalty will be waived.

Sincerely,

David W. Vickers
President