

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90028 026 ***220.00

DOCUMENT # P00000106862

1. Entity Name

Seven Hills Commercial Contractors Inc.

DO NOT WRITE IN THIS SPACE

B0018425

2. Principal Place of Business

4223 Teridan Ct.

Suite, Apt. #, etc.

3. Mailing Address

4223 Teridan Ct.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, Florida

Zip

32303

Country

US

City & State

Tallahassee, Florida

Zip

32303

Country

US

4. FEI Number

59-3685485

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

James S. Littler

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

2748 Pecan Rd.

City

Tallahassee

FL

Zip Code

32303

**DO NOT WRITE
IN THIS SPACE**

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

James S. Littler
Signature, typed or printed name of registered agent and (if not applicable)

(NOTE: Registered Agent signature required when reinstating)

1/23/02
DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PVT3

NAME

James S. Littler

STREET ADDRESS

4223 Teridan Ct.

CITY-ST-ZIP

Tallahassee, FL 32303

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James S. Littler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02
Date

850-385-4991
Daytime Phone #

CR2ED34B (12/01)