

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90269 049 \*\*\*150.00

**DOCUMENT # F98000001501**

1. Entity Name  
**BEN M. RADCLIFF CONTRACTOR, INC.**



Principal Place of Business  
**3456 HALLS MILL ROAD**  
**MOBILE AL 36693**

Mailing Address  
**P.O. BOX 160324**  
**MOBILE AL 36616-1324**

2. Principal Place of Business  
**3456 HALLS MILL RD**  
Suite, Apt. #, etc.

3. Mailing Address  
**P O BOX 8368**  
Suite, Apt. #, etc.

City & State  
**MOBILE, AL 36693**

City & State  
**MOBILE, AL 36689-0368**

4. FEI Number  
**63-0419772**

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

## 10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RADCLIFF JR, BEN M</b>	
STREET ADDRESS	<b>3456 HALLS MILL ROAD</b>	
CITY-ST-ZIP	<b>MOBILE AL</b>	
TITLE	<b>VCD</b>	<input type="checkbox"/> Delete
NAME	<b>RADCLIFF, BEN M</b>	
STREET ADDRESS	<b>3456 HALLS MILL ROAD</b>	
CITY-ST-ZIP	<b>MOBILE AL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RADCLIFF, JEAN F</b>	
STREET ADDRESS	<b>3456 HALLS MILL ROAD</b>	
CITY-ST-ZIP	<b>MOBILE AL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>COBB, GLENNIE J</b>	
STREET ADDRESS	<b>3456 HALLS MILL ROAD</b>	
CITY-ST-ZIP	<b>MOBILE AL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>FRENKEL, PAUL A</b>	
STREET ADDRESS	<b>3456 HALLS MILL ROAD</b>	
CITY-ST-ZIP	<b>MOBILE AL 36693</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. 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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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:**

*Glennie J. Cobb*  
**GLENNIE J. COBB, SEC. 7 TREAS**

2-10-03

251 666 7252

Date

Daytime Phone #

CR2E034 (10/02)