

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 248309

1. Entity Name

PAUL M. DURHAM CONTRACTOR, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90066 006 ***150.00

Principal Place of Business

Mailing Address

PAUL M DURHAM
BOX 6250, 5105 EDGEWOOD CT.
JACKSONVILLE FL 32254
US

PAUL M DURHAM
BOX 6250, 5105 EDGEWOOD CT.
JACKSONVILLE FLA 32238-6250
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0932943**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM A. BILLY
6239 SAGE DRIVE
JACKSONVILLE FL 32210

Name **M.E. McCullough**

Street Address (P.O. Box Number is Not Acceptable)
4122 Clearwater Lane

City **Jacksonville** **FL** Zip Code **32223**

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 *M.E. McCullough*
M.E. McCullough, Vice President

4/17/00

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

(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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 **PD** ☐ Delete
NAME **BILLY, WILLIAM A**
STREET ADDRESS **6239 SAGE DR**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **PD** ☒ Change ☐ Addition
NAME **Steven M. McCullough**
STREET ADDRESS **3854 Jean Street**
CITY-ST-ZIP **Jacksonville, FL 32205**

TITLE **D** ☐ Delete
NAME **LANGE, ROBERT C**
STREET ADDRESS **1520 OCEOLA ST**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **VPD** ☒ Change ☐ Addition
NAME **M.E. McCullough**
STREET ADDRESS **4122 Clearwater Lane**
CITY-ST-ZIP **Jacksonville, FL 32223**

TITLE **STD** ☐ Delete
NAME **BILLY, ANNE L**
STREET ADDRESS **6239 SAGE DR**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **TD** ☒ Change ☐ Addition
NAME **Cathy McCullough**
STREET ADDRESS **4122 Clearwater Lane**
CITY-ST-ZIP **Jacksonville, FL 32223**

TITLE **D** ☐ Delete
NAME **BILLY, WILLIAM A, JR**
STREET ADDRESS **6233 SAGE DR**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **S** ☒ Change ☐ Addition
NAME **Naomi P. Kline**
STREET ADDRESS **2064 Myra Street**
CITY-ST-ZIP **Jacksonville, FL 32204**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 the empowered.

SIGNATURE:

Steven M. McCullough
STEVEN M. McCULLOUGH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

904/783-0230

Daytime Phone #

CR2E034 (9/99)