

2001 UNIFORM BUSINESS REPORT (UBR)

06-18-2001 90002 005 ***150.00

297210.

FILED

01 JUN 28 AM 10: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 297210

1. Entity Name

ENDICOTT BUILDERS, INC.

Principal Place of Business

Mailing Address

128 SIRENA DR
LAKE PLACID FL 33852
US

128 SIRENA DRIVE
LAKE PLACID FL 33852
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 **59-1104006**

Applied For
Not Applicable

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

**ENDICOTT, W H
128 SIRENA DR
LAKE PLACID FL 33852**

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

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, 2001 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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
ST	ENDICOTT, JOAN	128 SIRENA DR	LAKE PLACID FL 33852				
PD	ENDICOTT, W HARRISON	128 SIRENA DR	LAKE PLACID FL 33852				

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-07/06/01--01069--024
****400.00 ****400.00

7/78

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: Joan Endicott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/01

Date

(813) 465-4770

Daytime Phone #