

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90010 026 ***158.75

0336045

DOCUMENT # 435869

1. Entity Name

R.E. PURCELL CONSTRUCTION CO., INC.

Principal Place of Business

11603 SR 54
 ODESSA FL 33556
 US

Mailing Address

P.O. BOX 837
 ODESSA FL 33556
 US

2. Principal Place of Business

1200 S. PINEILLAS AVE.

3. Mailing Address

1200 S. PINEILLAS AVE

Suite, Apt. #, etc.

#10

Suite, Apt. #, etc.

#10

City & State

TARPON SPRINGS, FL

City & State

TARPON SPRINGS, FL

Zip

34689

Country

PINEILLAS

Zip

34689

Country

PINEILLAS

6. Name and Address of Current Registered Agent

PURCELL, RAYMOND
11603 SR 54
ODESSA FL 33556

7. Name and Address of New Registered Agent

Name

PURCELL RAYMOND

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

1200 S. PINEILLAS AVE

SUITE #10

City

TARPON SPRINGS

FL

Zip Code

34689

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

TITLE	S	<input type="checkbox"/> Delete
NAME	PURCELL, CAROLYN	
STREET ADDRESS	11603 SR 54	
CITY-ST-ZIP	ODESSA FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	STUART, ERNEST A.	
STREET ADDRESS	11603 SR 54	
CITY-ST-ZIP	ODESSA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	PURCELL, RAYMOND	
STREET ADDRESS	11603 SR 54	
CITY-ST-ZIP	ODESSA FL	
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	PURCELL, CAROLYN (S)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1200 S. PINEILLAS AVE	
STREET ADDRESS	SUITE #10	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	PURCELL, RAYMOND (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1200 S. PINEILLAS AVE.	
STREET ADDRESS	SUITE #10	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	BRADLEY B. PETERSEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1200 S. PINEILLAS AVE (V.P)	
STREET ADDRESS	SUITE #10	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
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: *Raymond Purcell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-01 **(727) 945-9771**
 Date Daytime Phone #

CR2E034 (10/00)