

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 520526

1. Entity Name

CONWAY CONSTRUCTION COMPANY OF PALATKA, INC.

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90088 004 ***150.00

Principal Place of Business

Mailing Address

307 MAIN ST
PALATKA FL 32177-3719
US

307 MAIN ST
~~100 N 2ND~~
PALATKA FL 32177-3705
US

2. Principal Place of Business

3. Mailing Address

307 MAIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALATKA FL

Zip

Country

32177

Country

4. FEI Number

59-1708183

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

MILLER, TWILA C.
802 S. 15TH STREET
PALATKA FL 32077

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, 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 ☐ Delete
NAME VD
STREET ADDRESS KNIGHT, GLENDA C
CITY-ST-ZIP 4111 BARRET
PLANT CITY FL

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

TITLE ☐ Delete
NAME STD
STREET ADDRESS MILLER, TWILA C
CITY-ST-ZIP 802 SOUTH 15TH STREET
PALATKA, FL 00000

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS SCHMIDT, GLORIA C.
CITY-ST-ZIP 4444 NORTH 47TH ST.
PHOENIX AZ

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

TITLE ☐ Delete
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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 like empowered.

SIGNATURE

Twila C Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00 9043257474

CR2E034 (9/99)