FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Jerry W. Toler, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIS

Jan 22, 2001 8:00 am Secretary of State **DOCUMENT # 532474** 1. Entity Name JERRY TOLER CONSTRUCTION COMPANY, INC. 01-22-2001 90096 002 ***150.00 Principal Place of Business Mailing Address 361 W. OAKFIELD RD. 361 W. OAKFIELD RD. eecuve PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1758102 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TOLER, JERRY W. Street Address (P.O. Box Number is Not Acceptable) 7590 NORTHPOINTE BLVD. PENSACOLA FL 32514 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PVTS** ☐ Addition TITLE ☐ Delete Change TITLE NAME TOLER, JERRY W NAME STREET ADDRESS STREET ADDRESS 7590 NORTHPOINTE BLVD. CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE - ☐ Delete TITLE Change 🔲 سبب NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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.