)	am	

**FILED** 

4 / 30 / 0 / Daytime Prione #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 15, 2001 8:00 a Secretary of State **DOCUMENT # 562122** 1. Entity Name 05-15-2001 90204 027 \*\*\*150.00 GIDDES CONSTRUCTION COMPANY Principal Place of Business Mailing Address 14171 OLD OLGA RD. 14171 OLD OLGA RD. FT MYERS FL 33905 FT MYERS FL 33905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-1809896 Applied For Not Applicable Zip Country 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 WILLIE M. GIDDES GIDDES, BRUCE Street Address (P.O. Box Number is Not Acceptable) 4161 WooDBRIER DR. 4161 WOODBRIER DRIVE FORT MYERS FL 33905 FT MYERS, F1. 33905 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, typed or printed name of registered age (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 STD Change TITLE ☐ Delete TITLE PSTA Addition CR2E034 (10/00) GIDDES, WILLIE M NAME NAME GIDDES, WILLIE M 4161 WOODBRIER DR. STREET ADDRESS STREET ADDRESS 4161 WOOD BRIER DR. CITY-ST-ZIP FT. MYERS FL CITY-ST-ZIP FT MYERS, FI. 33905 TITLE ☐ Delete TITLE Change ☐ Addition GIDDES, BRUCE 4161 WOODBRIER DR. GIDDES, BRUCE NAME STREET ADDRESS 4161 WOODBRIER DR. STREET ADDRESS CITY-ST-ZIE FT. MYERS FL 33905 CITY-ST-ZIP FT MYERS, FL 33905 TITLE ☐ Delete TITLE Change ☐ Addition VINSON, PATRICIA NAME NAME 6049 STRATTON ROAD STREET ADDRESS STREET ADDRESS FORT MYERS FL 33905 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

A A exo

SIGNATURE: