

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90132 001 ***600.00

0006612 AT

DOCUMENT # 812374

1. Entity Name

FLINT CONSTRUCTION COMPANY

Principal Place of Business

Mailing Address

**272 HURRICANE SHOALS RD
P.O. BOX 723
LAWRENCEVILLE GA 30046-0723
US**

**405 WATER STREET
PORT HURON MI 48060
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-0691440

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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, 2002 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	P GOOD, ROBERT J. 1601 OLD FOUNTAIN ROAD LAWRENCEVILLE GA 30043	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TERRY FULLER 3093 BROOKSHIRE WAY DULUTH GA 30136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO JOHNSON, WILLIAM L 405 WATER STREET PORT HURON MI 48060	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STONE, ROBERT A 405 WATER STREET PORT HURON MI 48060	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTCD WARSINSKE, STEVEN W 405 WATER STREET PORT HURON MI 48060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT NELSON, RONALD N 2 NORTHPOINT DRIVE, SUITE 305 HOUSTON TX 77060	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V FULLER, J. TERRY 3093 BROOKSHIRE WAY DULUTH, GA 30136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
C, CEO JACKSON, MARCUS 28470 THIRTEEN MILE RD., SUITE 300 FARMINGTON HILLS, MI 48334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V, D PENDLETON, ARTHUR L. 5959 COMSTOCK PARK DR. COMSTOCK PARK, MI 49321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V, T, D, Chief Acctg. Ofcr. WARSINSKE, STEVEN W. 405 WATER STREET PORT HURON, MI 48060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S ABBOTT, SHERRY L. 405 WATER STREET PORT HURON, MI 48060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

STEVEN W. WARSINSKE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(810) 987-2200

CR2E034 (9/01)