

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 812572

1. Entity Name

UTILITIES CONSTRUCTION CO., INC., OF SOUTH CAROL

Principal Place of Business

1890 MILFORD ST
CHARLESTON SC 29405
US

Mailing Address

P.O. BOX 20485
CHARLESTON SC 29413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name **CAPITOL CORPORATE SERVICES/INC.**
Street **1333 N. DUVAL STREET**
City **TALLAHASSEE** FL **32303**

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

Dorian Case, asst. sec.

10-24-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PD	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, J C	
STREET ADDRESS	1890 MILFORD STREET	
CITY-ST-ZIP	CHARLESTON SC	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	LOFTON, A L JR	
STREET ADDRESS	1890 MILFORD ST	
CITY-ST-ZIP	CHARLESTON SC	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SLEDGE, B, D	
STREET ADDRESS	1890 MILFORD STREET	
CITY-ST-ZIP	CHARLESTON SC	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WILSON, W. G	
STREET ADDRESS	1890 MILFORD STREET	
CITY-ST-ZIP	CHARLESTON SC	
TITLE	V	<input type="checkbox"/> Delete
NAME	MURRAY, J.M.	
STREET ADDRESS	1890 MILFORD STREET	
CITY-ST-ZIP	CHARLESTON SC	
TITLE	V	<input type="checkbox"/> Delete
NAME	COOK, C W JR.	
STREET ADDRESS	1890 MILFORD STREET	
CITY-ST-ZIP	CHARLESTON SC	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 an office like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-2-00

Date

843.722.0161

Daytime Phone #

FILED

00 OCT 25 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. FEI Number 57-0288235

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

CR2E034 (5/00)

0135900