

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90074 015 ***150.00

DOCUMENT # 831995

1. Entity Name

ROLAND PUGH CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

**4400 HWY 69 NORTH
 NORTHPORT AL 35473
 US**

**P.O. BOX 779
 NORTHPORT AL 35476
 US**

80044698



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-0500152**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	ST	<input type="checkbox"/> Delete
NAME	PUGH, ANTHONY	
STREET ADDRESS	4400 HWY 69 NORTH	
CITY-ST-ZIP	NORTHPORT AL	
TITLE	C	<input type="checkbox"/> Delete
NAME	PUGH, ROLAND	
STREET ADDRESS	4400 HWY 69 NORTH	
CITY-ST-ZIP	NORTHPORT AL	
TITLE	P	<input type="checkbox"/> Delete
NAME	YESSICK, JOSEPH EDDIE I	
STREET ADDRESS	4400 HWY 69 NORTH	
CITY-ST-ZIP	NORTHPORT AL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	PUGH, GRADY	
STREET ADDRESS	4400 HWY 69 NORTH	
CITY-ST-ZIP	NORTHPORT AL	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, DAVID R.	
STREET ADDRESS	4400 HWY 69 NORTH	
CITY-ST-ZIP	NORTHPORT AL	
TITLE	V	<input type="checkbox"/> Delete
NAME	YOUNG, FRED	
STREET ADDRESS	4400 HWY 69 NORTH	
CITY-ST-ZIP	NORTHPORT AL	

TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORI HEGLAS	
STREET ADDRESS	4400 HWY 69 NORTH	
CITY-ST-ZIP	NORTHPORT, AL 35473	
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 all other like empowered.

SIGNATURE: Lori Heglas **LORI HEGLAS** 4/25/01 205/339-4321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)