

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 19, 2002 8:00 am**  
**Secretary of State**

09-19-2002 90155 007 \*\*\*550.00

**DOCUMENT # 831995**

1. Entity Name  
**ROLAND PUGH CONSTRUCTION, INC.**

Principal Place of Business

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

Mailing Address

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

**BU159344**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1280 Powder Plant Rd. SW  
 Suite, Apt. #, etc.**

3. Mailing Address

**1280 Powder Plant Rd. SW  
 Suite, Apt. #, etc.**

City & State  
**Bessemer, AL**

City & State  
**Bessemer, AL**

4. FEI Number **63-0500152**

Applied For  
 Not Applicable

Zip  
**35022**

Country  
**Jefferson**

Zip  
**35022**

Country  
**Jefferson**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
 After September 13, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ST  
 PUGH, ANTHONY  
 4400 HWY 69 NORTH  
 NORTHPORT AL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ST  
 Pugh, Anthony  
 1280 Powder Plant Rd. SW  
 Bessemer, AL 35022** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**C  
 PUGH, ROLAND  
 4400 HWY 69 NORTH  
 NORTHPORT AL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**C  
 Pugh, Roland  
 1280 Powder Plant Rd SW  
 Bessemer, AL 35022** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P  
 YESSICK, JOSEPH EDDIE I  
 4400 HWY 69 NORTH  
 NORTHPORT AL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P  
 Yessick, Joseph Eddie I  
 1280 Powder Plant RD SW  
 Bessemer, AL 35022** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CEO  
 PUGH, GRADY  
 4400 HWY 69 NORTH  
 NORTHPORT AL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CEO  
 Pugh, Grady  
 1280 Powder Plant Rd SW  
 Bessemer, AL 35022** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CFO  
 HEGGLASS, LORI  
 4400 HWY 69 NORTH  
 NORTHPORT AL 35473** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CFO  
 Sahagun, Melissa  
 1280 Powder Plant Rd. SW  
 Bessemer, AL 35022** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V  
 YOUNG, FRED  
 4400 HWY 69 NORTH  
 NORTHPORT AL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V  
 Young, Fred  
 1280 Powder Plant Rd. SW  
 Bessemer, AL 35022** ☒ Change ☐ 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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/02 205-426-4443  
 Date Daytime Phone #

CR2E034 (4/02)