## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## 844992 **DOCUMENT#**

1. Entity Name SUITT CONSTRUCTION CO., INC.



## FILED Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90149 016 \*\*\*150.00

Principal Place of Business

P O BOX 8858 GREENVILLE SC 29604 Mailing Address 1400 CLEVELAND ST GREENVILLE SC 29604

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<u>201</u>		ncBee Ave		01 1=.	mc	<u>Bee</u>	AVO	nue	e ,			
				Suite, Apt. #, etc. Suite 300				CHECK HERE IF MAKING CHANGES				
City & State			& State				4. F	El Number EZ OEOO 42E		Applied For		
(200	envil	le SC	ا وگ	reenvill	<del>،</del>			4. FEI Number 57-0509435 Applied FC				
29601 Greenville				Zip Cou					Certificate of Status Desired		75 Additional	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
							•		<del>-</del>			
CORPORATION SERVICE COMPANY							Street Address (P.O. Box Number is Not Acceptable)					
1201 HAYS STREET							Street Address (F.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301												
							City Zip Code					
- i					L							
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.												
Proposition of regional or deposits      Proposition of the second												
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
		FEE IS \$150.00							9. Election Campaign Financing		\$5.00 May Be	
After May 1, 2003 Fee will be \$550.00									, -		Added to Fees	
Make Check Payable to Florida Department of State												
10.	IOFO.	OFFICERS AND D	RECTO		11.			ADL	DITIONS/CHANGES TO OFFICERS AN			
TITLE	CEO Suitt, T.H.			Delete	TITLE					<b>X</b> 40	Change	
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TITLE	CEO			☐ Delete	TITLE	:	- 61	201	14.14,50 21601	\undersity (	Change Addition	
NAME	WARREN,D.			La Delete	NAM		ינים	سب ۱	DOLD OR WOUNDERS		a 200	
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NAME					NAMI							
STREET ADDRESS						ET ADDRESS						
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12. Thereby o	certify that the	information supplied with t	his filina	does not qualify for	the exe	mption stat	ed in Sec	ction 1	19.07(3)(i), Florida Statutes, I further co	artify the	at the intormation	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.