

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-02

DOCUMENT # F00000002573

1. Entity Name

G.W. Peoples Contracting Co, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

101 S Whiting St

1024 Rte 519

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 319

Ste 200

City & State

City & State

Alexandria, VA

Eighty Four PA

Zip

Country

Zip

Country

22304

USA

15330

4. FEI Number

25-1365856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name C T Corporation

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Rd.

City

Plantation

FL

Zip Code

33324

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)

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January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 President  
NAME Renee Banks  
STREET ADDRESS 2701 Park Center Dr  
CITY-STATE-ZIP Alexandria, VA 22302

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3000004926599--5  
-02/14/02--01065--008  
\*\*\*\*\*700.00 \*\*\*\*\*700.00

TITLE Vice Pres.  
NAME Jenice McDowell  
STREET ADDRESS 710 S. Main St  
CITY-STATE-ZIP Washington, PA 15301

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02 724-223-7807

Date

Telephone

CR2E034B (12/01)