

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F28981

1. Entity Name

LOYD & LOYD CONSTRUCTION COMPANY, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90038 025 ***150.00

Principal Place of Business

11442 W GRYBECK DRIVE
HOMOSASSA FL 34448
US

Mailing Address

11442 W GRYBECK DRIVE
HOMOSASSA FL 34448-4918
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2090483**

Applied For

Not Applied For

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

LOYD-KILGORE, EVELYN IRENE
11442 W GRYBECK DRIVE
HOMOSASSA FL 34448

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

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 \$150.00
After MAY 1, 2000 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LOYD, SAMMY A.	
STREET ADDRESS	11442 W GRYBECK DRIVE	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	VS	<input type="checkbox"/> Delete
NAME	LOYD, EVELYN JO	
STREET ADDRESS	11442 W GRYBECK DRIVE	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOYD, DORIS LEE	
STREET ADDRESS	11442 W GRYBECK DRIVE	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOYD, SAMMY A., II	
STREET ADDRESS	11442 W GRYBECK DRIVE	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOYD-KILGORE, EVELYN IRENE	
STREET ADDRESS	11442 W GRYBECK DRIVE	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kilgore, Robert R.	
STREET ADDRESS	11442 West Grybeck Drive	
CITY-ST-ZIP	Homosassa, FL 34448	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Loyd, Sammy A., II	
STREET ADDRESS	11442 West Grybeck Drive	
CITY-ST-ZIP	Homosassa, FL 34448	
TITLE	P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Loyd-Kilgore Evelyn Irene	
STREET ADDRESS	11442 West Grybeck Drive	
CITY-ST-ZIP	Homosassa, FL 34448	
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

Evelyn Irene Loyd-Kilgore

Evelyn Irene Loyd-Kilgore 1-25-00 (352)621-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0552