

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F72599

1. Entity Name

SUDLOW CONSTRUCTION CORPORATION

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90058 042 ***150.00

Principal Place of Business

48 GREENTREE ST.
P.O. BOX 5
HOMOSASSA SPRINGS FL 34447

Mailing Address

48 GREENTREE ST.
P.O. BOX 5
HOMOSASSA SPRINGS FL 34447

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2262992

☒ Applied For
☐ Not Applicable

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

C0036109



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUDLOW, JAMES T.
48 GREENTREE ST.
HOMOSASSA FL 34446

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, 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	PD	<input type="checkbox"/> Delete
NAME	SUDLOW, JAMES T	
STREET ADDRESS	48 GREENTREE ST.	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUDLOW, SAMMIE K	
STREET ADDRESS	48 GREENTREE ST.	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

352-382-1350

Daytime Phone #

CR2E034 (10/00)