

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004064

1. Entity Name

WEEKS CONSTRUCTION SERVICES, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90078 030 \*\*\*150.00

Principal Place of Business

Mailing Address

4497 PARK DR.  
NORCROSS GA 30093

4497 PARK DR.  
NORCROSS GA 30093-2908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2126600

Applied For

Not Applicable

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

YERGLER, JON C  
% LOWNDES DROSDICK ET AL  
215 N. EOLA DR  
ORLANDO FL 32801

Name

CT Corporation System

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

1200 South Pine Island Road

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)

Jeffrey R. Graves  
Assistant Secretary

DATE

4/11/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME DUCKETT, CLYDE H  
STREET ADDRESS 4497 PARK DR.  
CITY-ST-ZIP NORCROSS GA 30093

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME STOCKERT, DAVID P  
STREET ADDRESS 4497 PARK DR.  
CITY-ST-ZIP NORCROSS GA 30093

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME BELDEN, ELIZABETH  
STREET ADDRESS 4497 PARK DR.  
CITY-ST-ZIP NORCROSS GA 30093

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DC ☐ Delete  
NAME WEEKS, A R JR  
STREET ADDRESS 4497 PARK DR.  
CITY-ST-ZIP NORCROSS GA 30093

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DC ☐ Delete  
NAME SERKBEIL, THOMAS D  
STREET ADDRESS 4497 PARK DR.  
CITY-ST-ZIP NORCROSS GA 30093

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ROBINSON, FORREST W  
STREET ADDRESS 4497 PARK DR.  
CITY-ST-ZIP NORCROSS GA 30093

TITLE ☐ Change ☐ 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:

Elizabeth C. Belden

Date

Daytime Phone #

4/19/00

770-717-3226

CR2E034 (9/99)