

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90644 016 \*\*\*150.00

**DOCUMENT # F99000003894**

**1. Entity Name**  
**CHARTER CONSTRUCTION MANAGEMENT COMPANY, INC.**



**Principal Place of Business**  
**730 NORTH DEAN ROAD #200**  
**AUBURN AL 36830**

**Mailing Address**  
**730 NORTH DEAN ROAD #200**  
**AUBURN AL 36830**

**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** 63-1029601

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MONAHAN, ARTHUR**  
**600 S. BARRACKS ST. # N-1**  
**PENSACOLA FL 32501**

Name  
**Dwight Davis**  
Street Address (Box Number is Not Accepted)  
**7591 Highway 98 West**  
**Hunterspoint, Apt. 305**  
**Pensacola FL 32506**

**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.**

SIGNATURE *Dwight E. Davis*

Signature, typed or printed name of registered agent and title if applicable.

*Dwight Davis* 4/11/03

DATE

(NOTE: Registered Agent signature required when relinquishing)

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
NAME **P BENNETT, FRED**  
STREET ADDRESS **730 NORTH DEAN ROAD #200**  
CITY-ST-ZIP **AUBURN AL 36830**

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

TITLE ☒ Delete  
NAME **V HILL, MILES**  
STREET ADDRESS **730 NORTH DEAN ROAD #200**  
CITY-ST-ZIP **AUBURN AL 36830**

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

TITLE ☐ Delete  
NAME **V GETHERS, DAVID**  
STREET ADDRESS **730 NORTH DEAN ROAD #200**  
CITY-ST-ZIP **AUBURN AL 36830**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03 334-502-4100

Date

Daytime Phone #

CR2E034 (10/02)