

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90049 020 ***150.00

DOCUMENT # G93770

1. Entity Name

ELKINS CONSTRUCTORS, INC.

Principal Place of Business

**4501 BEVERLY AVENUE
JACKSONVILLE FL 32210**

Mailing Address

**4501 BEVERLY AVENUE
JACKSONVILLE FL 32210**

2. Principal Place of Business

701 WEST ADAMS STREET

Suite, Apt. #, etc.

3. Mailing Address

701 WEST ADAMS STREET

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-2405007

Applied For

Not Applicable

Zip

32204

Country

USA

Zip

32204

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALLRED, BARRY L
4501 BEVERLY AVENUE
JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name

ALLRED, BARRY L

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

701 WEST ADAMS STREET

City

JACKSONVILLE**FL**

Zip Code

32204

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

TITLE **PDT** ☐ Delete
NAME **ALLRED, B L**
STREET ADDRESS **4501 BEVERLY AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE **D** ☐ Delete
NAME **LIESKE, C. F.**
STREET ADDRESS **1740 W MICHIGAN ST.**
CITY-ST-ZIP **INDIANAPOLIS IN**TITLE **VSD** ☐ Delete
NAME **GAJEWSKI, J L**
STREET ADDRESS **4501 BEVERLY AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE **VD** ☐ Delete
NAME **WELCH, M D**
STREET ADDRESS **4501 BEVERLY AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE **VP** ☐ Delete
NAME **MCMURPHY, M.L.**
STREET ADDRESS **4501 BEVERLY AVE**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDT** ☒ Change ☐ Addition
NAME **ALLRED, B L**
STREET ADDRESS **701 WEST ADAMS STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32204**TITLE **D** ☒ Change ☐ Addition
NAME **LIESKE, C.F.**
STREET ADDRESS **9567 VALPARAISO CT**
CITY-ST-ZIP **INDIANAPOLIS IN 46268**TITLE **VSD** ☒ Change ☐ Addition
NAME **GAJEWSKI, J L**
STREET ADDRESS **701 WEST ADAMS STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32204**TITLE **VD** ☒ Change ☐ Addition
NAME **WELCH, M D**
STREET ADDRESS **701 WEST ADAMS STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32204**TITLE **VP** ☒ Change ☐ Addition
NAME **MCMURRAY, M L**
STREET ADDRESS **701 WEST ADAMS STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32204**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/2001

Daytime Phone #

(904) 353-6500

CR2E034 (10/00)

0455284