

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91784 044 ***150.00

05090370
 AT

DOCUMENT # H28275

1. Entity Name
B & S CULVERTS, INC.

Principal Place of Business

**10711 S.W. BOGGESS AVE
 FT OGDEN FL 34267**

Mailing Address

**PO BOX 142
 FT OGDEN FL 34267
 US**

2. Principal Place of Business

10711 S.W. BOGGESS AVE
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 142
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
FT. OGDEN, FL.

Zip
34267

Country
DESO TO

City & State
FT. OGDEN, FL.

Zip
34267

Country
DESO TO

4. FEI Number
59-2500417

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWN, FLETCHER
 124 N. BREVARD
 ARCADIA FL 33821**

7. Name and Address of New Registered Agent

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, 2002 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
PD ☐ Delete
 NAME
NICHOLS, JOHN STEPHEN
 STREET ADDRESS
BOGGESS AVE., PO BOX 142 (10711 SW BOGGESS
 CITY-ST-ZIP
FT. OGDEN FL

TITLE
VST ☐ Delete
 NAME
NICHOLS, DIANE B.
 STREET ADDRESS
BOGGESS AVE, POB 142(10711 SW BOGGESS)
 CITY-ST-ZIP
FT. OGDEN FL

TITLE
D ☐ Delete
 NAME
NICHOLS, JOHN S II
 STREET ADDRESS
10711 SW BOGGESS AVENUE
 CITY-ST-ZIP
FT OGDEN FL 34267

TITLE
D ☐ Delete
 NAME
NICHOLS, WAYNE A
 STREET ADDRESS
10711 SW BOGGESS AVENUE
 CITY-ST-ZIP
FT OGDEN FL 34267

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)