

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H50608

1. Entity Name

OLD DOMINION CONSTRUCTION, INC.

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

03-21-2001 90076 005 ***150.00

0316258

Principal Place of Business
4400 CHARLOTTE ST
STE B
LAKE WORTH FL 33461
US

Mailing Address
4400 CHARLOTTE ST
STE B
LAKE WORTH M 33461
US

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 59-2521249

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

SAVERING, ROBERT P.
4400 CHARLOTTE ST
STE B
LAKE WORTH FL 33461

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	P	<input type="checkbox"/> Delete
NAME	SAVERING, ROBERT P.	
STREET ADDRESS	350 BUSINESS PKWY, STE 102	
CITY-ST-ZIP	ROYAL PALM BCH FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ADAMS, WALLACE ALLEN	
STREET ADDRESS	101 WOOD ST	
CITY-ST-ZIP	MARTINSVILLE VA	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DRAUGHN, JAMES	
STREET ADDRESS	4400 CHARLOTTE ST	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert P. Saverin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-1

Date

547-5802

Daytime Phone #

CR2E034 (10/00)