## 2002 Uniform Business Report (UBR)

## Mar 13, 2002 8:00 am Secretary of State DOCUMENT # H98698 1. Entity Name 03-13-2002 90123 012 \*\*\*150.00 B/W GENERAL CONTRACTORS, INC. Principal Place of Business Mailing Address 814 6TH AVENUE WEST 814 6TH AVENUE WEST **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2652571 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, LLOYD, E, JR Street Address (P.O. Box Number is Not Acceptable) 814 6TH AVENUE W **BRADENTON FL 34205** Zin Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) : 🔲 Change ☐ Addition TITLE □ Delete TITLE WILLIAMS, BRITTON H NAME NAME STREET ADDRESS 113 30TH ST WEST STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP CITY: ST-ZIP CEOD ☐ Addition TITLE ☐ Delete TITLE Change NAME WILLIAMS, LLOYD E JR. NAME STREET ADDRESS 616 HILLCREST DR., NW STREET ADDRESS CITY-ST-ZIP BRADENTON FL CITY-ST-ZIP ☐ Change TITLE. CVPT Delete TITLE ☐ Addition NAME REID. BRUCE NAME STREET ADDRESS 739 HILLCREST DRIVE STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MASON, PETER NAME STREET ADDRESS 1851 OLEANDER ST. STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE WILLIAMS, REACE NAME NAME 207 32ND ST W STREET ADDRESS STREET ADDRESS **BRADENTON FL** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 report as report and an analysis and that my name appears in Block 11 or Block 12 if the proposers of the corporation of the receiver of trustee empowered.

PRESIDENT

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

FILED