

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J01198

1. Entity Name
CORCORAN CONSTRUCTION, INC.

Principal Place of Business Mailing Address
360 CROWN OAK CENTRE DRIVE 360 CROWN OAK CENTRE DRIVE
LONGWOOD FL 32750 LONGWOOD FL 32750

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 59-2641006 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORCORAN, GEORGE LEE
360 CROWN OAK CENTRE DRIVE
LONGWOOD FL 32750

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. ☐

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 DPT
NAME CORCORAN, GEORGE LEE
STREET ADDRESS 360 CROWN OAK CENTRE DR
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE DS
NAME CORCORAN, JANE
STREET ADDRESS 360 CROWN OAK CENTRE DR
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE V
NAME LAMOUREUX, JOSEPH R
STREET ADDRESS 360 CROWN OAK CENTRE DR
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE ☒
NAME CASAVANT, ROBERT E SR
STREET ADDRESS 360 CROWN OAK CENTRE DRIVE
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE Vize President
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

George Lee Corcoran

President

1-3-02

407-260-6200

Date

Daytime Phone #

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90002 004 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)