

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J01198**

1. Entity Name
CORCORAN CONSTRUCTION, INC.

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

Mailing Address
360 CROWN OAK CENTRE DRIVE
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

6. Name and Address of Current Registered Agent

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

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 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 B
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

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.

George Lee Corcoran

President

1-3-02

407-260-6200

007939 AV

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

01-07-2002 90002 004 ***158.75

00000100



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2641006** Applied For
 Not Applicable

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

CR2E034 (9/01)

SIGNATURE: *George Lee Corcoran* (Signature Required)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #