

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J26265

1. Entity Name

W.J. SANDERS CONSTRUCTION CORPORATION

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90061 019 ***150.00

Principal Place of Business

1035 WINDRIDGE CIRCLE
SANFORD FL 32773

Mailing Address

P.O. BOX 951435
LAKE MARY FL 32795-1435

2. Principal Place of Business

104 AVALON DRIVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 2996

Suite, Apt. #, etc.

BEACHSIDE STATION

City & State

ORMOND BEACH, FL

City & State

ORMOND BEACH, FL

Zip

32174

Country

USA

Zip

32176-2996

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2995606

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANDERS, WALTER J.
1035 WINDRIDGE CIRCLE
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name

SANDERS, WALTER J.

Street Address (P.O. Box Number is Not Acceptable)

104 AVALON DRIVE

City

ORMOND BEACH

FL

Zip Code

32174

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

Walter J. Sanders, P.T.

4/23/01

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

TITLE	PT	☐ Delete
NAME	SANDERS, WALTER J.	
STREET ADDRESS	1035 WINDRIDGE CIRCLE	
CITY-STATE-ZIP	SANFORD FL 32773	
TITLE	DS	☐ Delete
NAME	SANDERS, PATRICIA D	
STREET ADDRESS	1035 WINDRIDGE CIRCLE	
CITY-STATE-ZIP	SANFORD FL 32773	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	☒ Change ☐ Addition
NAME	SANDERS, WALTER J.	
STREET ADDRESS	104 AVALON DRIVE	
CITY-STATE-ZIP	ORMOND BEACH, FL 32176	
TITLE	DS	☒ Change ☐ Addition
NAME	SANDERS, PATRICIA D	
STREET ADDRESS	104 AVALON	
CITY-STATE-ZIP	ORMOND BEACH, FL 32176	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER J. SANDERS

Walter J. Sanders

4/23/01

Date

Signature Printed

CR2E034 (10/00)