

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J55362

1. Entity Name

ALMAND-DAVIS BUILDERS, INC.

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90060 041 ***150.00

Principal Place of Business

2974 PARK SQUARE PLACE
FERNANDINA BEACH FL 32034
US

Mailing Address

P.O. BOX 15249
FERNANDINA BEACH FL 32034
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2767419

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

OLIVER, CATHY A
2974 PARK SQUARE PL
FERNANDINA BEACH FL 32034

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	DP	<input type="checkbox"/> Delete
NAME	ALMAND-OLIVER, CATHY L.	
STREET ADDRESS	2974 PARK SQUARE PLACE	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DAVIS, TODD F.	
STREET ADDRESS	1934 LAKESIDE DRIVE S.	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OLIVER, JAMES F	
STREET ADDRESS	2974 PARK SQUARE PLACE	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIS, LINDA A	
STREET ADDRESS	1934 LAKESIDE DRIVE SOUTH	
CITY-ST-ZIP	FERNANDINA BEACH FL	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/01

Date

(904) 321-1402

Daytime Phone #

CR2E034 (10/00)