

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90058 011 ***150.00

DOCUMENT # K60736

1. Entity Name

WALES CONSTRUCTION OF PENSACOLA, INC.

Principal Place of Business

Mailing Address

8680 SCENIC HWY 21
PENSACOLA FL 32514
US

8680 SCENIC HWY 21
PENSACOLA FL 32514
US

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 59-2930319

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

WALES, DEBRA L.
5935 OSPREY PLACE
PENSACOLA FL 32504

Name

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

8680 Scenic Hwy #21

City

Pensacola

FL

Zip Code

32514

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

Debra L. Wales - Vice President

3-27-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WALES, DALE W.
STREET ADDRESS 5935 OSPREY PLACE
CITY-ST-ZIP PENSACOLA FL

☐ Delete

TITLE STV
NAME WALES, DEBRA L.
STREET ADDRESS 5935 OSPREY PLACE
CITY-ST-ZIP PENSACOLA FL

☐ Delete

TITLE D
NAME WALES, DEBRA L.
STREET ADDRESS 5935 OSPREY PLACE
CITY-ST-ZIP PENSACOLA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS 8680 Scenic Hwy #21
CITY-ST-ZIP Pensacola FL 32514

☒ Change ☐ Addition

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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:

Debra L. Wales - Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-27-01

Daytime Phone #

850 474 1209

0033882

CR2E034 (10/00)