

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90216 008 ***150.00

DOCUMENT # K60736

1. Entity Name
WALES CONSTRUCTION OF PENSACOLA, INC.



Principal Place of Business

**8680 SCENIC HWY 21
PENSACOLA FL 32514
US**

Mailing Address

**8680 SCENIC HWY 21
PENSACOLA FL 32514
US**

2. Principal Place of Business

**1239 Lear Court
Suite, Apt. #, etc.
Cantonment**

3. Mailing Address

**1239 Lear Court
Suite, Apt. #, etc.
Cantonment**

City & State

FL

City & State

FL

4. FEI Number

59-2930319

Applied For

Not Applicable

Zip

32533

Country

US

Zip

32533

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALES, DEBRA L.
8680 SCENIC HWY # 21
PENSACOLA FL 32514**

7. Name and Address of New Registered Agent

Name

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

1239 Lear Court

City

Cantonment

FL

Zip Code

32533

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5:00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **WALES, DALE W.**
STREET ADDRESS **8680 SCENIC HWY # 21**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **STV** ☐ Delete
NAME **WALES, DEBRA L.**
STREET ADDRESS **8680 SCENIC HWY # 21**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **D** ☐ Delete
NAME **WALES, DEBRA L.**
STREET ADDRESS **8680 SCENIC HWY # 21**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1239 Lear Ct**
CITY-ST-ZIP **Cantonment FL 32533**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1239 Lear Court**
CITY-ST-ZIP **Cantonment FL 32533**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1239 Lear Court**
CITY-ST-ZIP **Cantonment FL 32533**

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

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

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

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**850
9373600**