

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90070 026 ***150.00

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DOCUMENT # L30312

1. Entity Name
PVC CONSTRUCTION CORPORATION



Principal Place of Business
**1909 CAPITAL CIR NE
TALLAHASSEE FL 32308
US**

Mailing Address
**1909 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308
US**



2. Principal Place of Business
**1897 CAP. CIR. NE
Suite, Apt. #, etc.
A-1**

3. Mailing Address
**P.O. Box 14106
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State
TALL. FL.

City & State
TALL. FL

4. FEI Number
59-2994592

Applied For
☐ Not Applicable

Zip
32308

Country
USA

Zip
32317

Country
USA

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

**PRICE H. VINCENT
1909 CAPITAL CIR NE
TALLAHASSEE FL 32308**

**560 Frank Shaw Rd
Tallahassee, FL 32317**

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

Address change only

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

SIGNATURE **B. Vincent**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
VINCENT, PRICE H JR.
1909 CAPITAL CIR NE
TALLAHASSEE FL 32308** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Price H. Vincent, Jr
PO Box 14106
Tallahassee, FL 32317** ☒ Change ☐ Addition **(DPS)**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

4/25/03
Date Daytime Phone #

CR2E034 (10/02)