

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90134 009 ***158.75

DOCUMENT # L46075

1. Entity Name

SOVRAN CONSTRUCTION COMPANY, INC.

Principal Place of Business

**7169 UNIVERSITY BLVD
WINTER PARK FL 32792**

Mailing Address

**969 MIDLAND AVE.
YONKERS NY 10704**

2. Principal Place of Business

969 Midland Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Yonkers, NY

City & State

4. FEI Number

59-2990212

Applied For

Not Applicable

Zip

10704

Country

USA

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	PETRILLO, CARL E.	
STREET ADDRESS	7169 UNIVERSITY BLVD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	P	<input type="checkbox"/> Delete
NAME	RIECHERT, WALTER J	
STREET ADDRESS	7169 UNIVERSITY BLVD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	LONGMUIR, LAWRENCE B	
STREET ADDRESS	7169 UNIVERSITY BLVD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SAGARIA, JOSEPH L	
STREET ADDRESS	7169 UNIVERSITY BLVD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	969 Midland Avenue	
CITY-ST-ZIP	Yonkers, NY 10704	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	969 Midland Avenue	
CITY-ST-ZIP	Yonkers, NY 10704	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	969 Midland Avenue	
CITY-ST-ZIP	Yonkers, NY 10704	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Connelly, Paul B.	
STREET ADDRESS	969 Midland Avenue	
CITY-ST-ZIP	Yonkers, NY 10704	
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)(l), 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 REQUIRED
Paul B. Connelly

Secretary

2/1/02

(914) 965-1500

Date

Daytime Phone #

CR2E034 (9/01)