

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State
 03-30-2001 90315 015 ***158.75

0391004

DOCUMENT # M66014

1. Entity Name

BRITANNIA CONSTRUCTION, INC.

Principal Place of Business

% HAROLD F. WEAVER
 3126 HARBOR BLVD. #3A
 PORT CHARLOTTE FL 33952

Mailing Address

% HAROLD F. WEAVER
 3126 HARBOR BLVD. #3A
 PORT CHARLOTTE FL 33952

2. Principal Place of Business

539 Hallcrest Terr
 Suite, Apt. #, etc.

3. Mailing Address

2102 P.O. Box 2402
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

4. FEI Number

65-0032092

Applied For

Not Applicable

Zip

33954

Country

Charlotte

Zip

33949

Country

Charlotte

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEAVER, HAROLD F.
3126 HARBOR BLVD.
#3A
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name **Harold WEAVER**
 Street Address (P.O. Box Number is Not Acceptable)
4022 BEAVER LN. Unit 800 G
 City **Port Charlotte** **FL** Zip Code **33952**

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 **Harold Weaver** **HAROLD WEAVER (President)** **3/12/01**
 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

TITLE **DPS** ☐ Delete
 NAME **WEAVER, HAROLD F.**
 STREET ADDRESS **3126 HARBOR BLVD., #3A**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **DVT** ☐ Delete
 NAME **HINDS, DELWYN**
 STREET ADDRESS **18629 BRIGGS CIRCLE**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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: **Harold Weaver (President)** **HAROLD WEAVER** **3/12/01** **(941)743-4356**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)