

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010818

1. Entity Name

JOHN L. WYVILLE CONST. INCORPORATED

Principal Place of Business

1034 NORTHVIEW STREET  
PORT CHARLOTTE FL 33952

Mailing Address

1034 NORTHVIEW STREET  
PORT CHARLOTTE FL 33952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WYVILLE, JOHN L  
1034 NORTHVIEW STREET  
PORT CHARLOTTE FL 33952

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, 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 PRESIDENT ☐ Delete  
NAME JOHN L. WYVILLE  
STREET ADDRESS 1034 NORTHVIEW ST.  
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE VICE PRESIDENT ☐ Delete  
NAME RANDALL J. WYVILLE  
STREET ADDRESS 303 CHERRYWOOD DR.  
CITY-ST-ZIP CLEMENTON, N.J. 08021

TITLE TREASURER ☐ Delete  
NAME MARY ALICE MCGRATH  
STREET ADDRESS 6803 MOORING WAY  
CITY-ST-ZIP TAMPA, FL 33615

TITLE SECRETARY ☐ Delete  
NAME MARY JO WYVILLE  
STREET ADDRESS 1034 NORTHVIEW ST.  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90500 025 \*\*\*150.00

00031076



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0998467

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (10/00)

0537935