

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022918

1. Entity Name

ALDERMAN CONSTRUCTION COMPANY

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90002 018 ***150.00

0472679

Principal Place of Business 7684 SILVER SANDS RD KEYSTONE HEIGHTS FL 32656	Mailing Address 7684 SILVER SANDS RD KEYSTONE HEIGHTS FL 32656
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. P.O. Box 871	Suite, Apt. #, etc. P.O. Box 871
City & State Middleburg FL	City & State Middleburg FL
Zip 32050-0871	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3689549	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALDERMAN, GRY C 7684 SILVER SANDS RD KEYSTONE HEIGHTS FL 32656	7. Name and Address of New Registered Agent Name: GARY C. ALDERMAN Street Address (P.O. Box Number is Not Acceptable): 1717 C.R. 220 #3703 City: ORANGE PARK FL FL Zip Code: 32073
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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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Gary C. Alderman Gary C. Alderman 2-19-01 904 215-1153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)