

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
 04-16-2002 90182 038 ***150.00

DOCUMENT # P00000022918

1. Entity Name

ALDERMAN CONSTRUCTION COMPANY

Principal Place of Business

**7684 SILVER SANDS RD
 P O BOX 871
 MIDDLEBURG F: 32050-0871
 US**

Mailing Address

**7684 SILVER SANDS RD
 P O BOX 871
 MIDDLEBURG F: 32050-0871
 US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 871

P.O. Box 871

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Middleburg FL

City & State

Middleburg FL

4. FEI Number

59-3689549

Applied For

Not Applicable

Zip

Country

32050-0871 USA

Zip

Country

32050-0871 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

**ALDERMAN, GRY C
 1717 CR 220 #3703
 ORANGE PARK FL 32073**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PS**
 STREET ADDRESS **ALDERMAN, GARY C**
 CITY-ST-ZIP **1717 C R 220 #3703**
ORANGE PARK FL 32073

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **ALDERMAN, JOHN**
 CITY-ST-ZIP **1717 C R 220 #3703**
ORANGE PARK FL 32073

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **ALDERMAN, SANDY**
 CITY-ST-ZIP **1717 C R 220 #3703**
ORANGE PARK FL 32073

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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

GARY C. ALDERMAN

4-7-02 (904) 215-1153

Date

Daytime Phone #

CR2E034 (9/01)