

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90064 034 \*\*\*150.00

**DOCUMENT # P00000022918**

1. Entity Name  
**ALDERMAN CONSTRUCTION COMPANY**



Principal Place of Business  
**PO BOX 871  
MIDDLEBURG FL 32050-0871  
US**

Mailing Address  
**PO BOX 871  
MIDDLEBURG FL 32050-0871  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3689549**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name

**GARY C ALDERMAN**

Street Address (P.O. Box Number is Not Acceptable)

**12218 MESA VERDE TR.**

City

**JACKSONVILLE**

**FL**

Zip Code

**32223**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-25-03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	ALDERMAN, GARY C	
STREET ADDRESS	1717 C R 220 #3703	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALDERMAN, JOHN	
STREET ADDRESS	1717 C R 220 #3703	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALDERMAN, SANDY	
STREET ADDRESS	1717 C R 220 #3703	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERMAN GARY C	
STREET ADDRESS	12218 MESA VERDE TR.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	✓	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERMAN JOHN	
STREET ADDRESS	12218 MESA VERDE TR.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERMAN SANDY	
STREET ADDRESS	12218 MESA VERDE TR.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Pros**

**3-25-03 (904) 219 8077**

Date

Daytime Phone #

CR2E034 (10/02)