

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000025276

1. Entity Name

WILLOW CONTRACTING COMPANY

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90316 026 \*\*\*150.00

Principal Place of Business

RR 3, BOX 975E  
MACCLENNEY FL 32063

Mailing Address

RR 3, BOX 975E  
MACCLENNEY FL 32063

2. Principal Place of Business

3577 S. Canal Rd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 75

Suite, Apt. #, etc.

City & State

Macc lenny, FL

Zip

32063

Country

USA

City & State

Macc lenny FL

Zip

32063

Country

USA

4. FEI Number

59-3632459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEPHENSON, JEFFREY A

RR 3, BOX 975E

MACCLENNEY FL 32063

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 P  
NAME STEPHENSON, JEFFREY A ☐ Delete  
STREET ADDRESS RR 3, BOX 975E  
CITY-ST-ZIP MACCLENNEY FL 32063

TITLE VP  
NAME ~~Stephenson, Sheila K~~ ☐ Delete  
STREET ADDRESS ~~RR 3 Box 975 E~~  
CITY-ST-ZIP ~~Macc lenny FL 32063~~

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Change ☒ Addition  
NAME Stephenson, Sheila  
STREET ADDRESS RR 3 Box 975 E  
CITY-ST-ZIP Macc lenny FL 32063

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

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

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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

Date

Daytime Phone #

CR2E034 (10/00)