

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90016 018 \*\*\*150.00

**DOCUMENT # P00000025276**

**1. Entity Name**  
**WILLOW CONTRACTING COMPANY**

**Principal Place of Business**

**3577 S CANAL ROAD**  
**MACCLENNEY FL 32063**  
**US**

**Mailing Address**

**P O BOX 75**  
**MACCLENNEY FL 32063**  
**US**

**2. Principal Place of Business**

**4708 Birch Street**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**Maccleddy FL**

**City & State**

**Zip**

**Country**

**32063**

**US**

**Zip**

**Country**

**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 Jeffrey A. Stephenson**

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

**4708 Birch Street**

**City**

**Maccleddy**

**FL**

**Zip Code**

**32063**

**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**

*Jeffrey A. Stephenson*

**4-23-02**

Signature, typed or printed name of registered agent, 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**

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

**TITLE VP** ☐ Delete  
**NAME STEPHENSON, SHEILA**  
**STREET ADDRESS RR 3 BOX 975 E**  
**CITY-ST-ZIP MACCLENNEY FL 32063**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE P** ☒ Change ☐ Addition  
**NAME Jeffrey Stephenson**  
**STREET ADDRESS 4708 Birch St.**  
**CITY-ST-ZIP Maccleddy FL 32063**

**TITLE VP** ☒ Change ☐ Addition  
**NAME Sheila Stephenson**  
**STREET ADDRESS 4708 Birch St.**  
**CITY-ST-ZIP Maccleddy FL 32063**

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

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

**TITLE** ☐ Change ☐ Addition  
**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

**4-23-02**

Date

**904-868-5951**

Daytime Phone #

CR2E034 (9/01)