

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

0000423

DOCUMENT # P00000046270

1. Entity Name

CAVALON CONSTRUCTION, INC.

03-08-2001 90190 001 ***158.75

Principal Place of Business

401 CENTRE STREET SECOND FLOOR
FERNANDINA BEACH FL 32034

Mailing Address

401 CENTRE STREET SECOND FLOOR
FERNANDINA BEACH FL 32034

00032088

2. Principal Place of Business

9372 Aspen Road

3. Mailing Address

9372 Aspen Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Macclenny, Florida

City & State

Macclenny, Florida

4. FEI Number

59-3643764

Applied For

Not Applicable

Zip

32063

Country

USA

Zip

32063

Country

USA

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

6. Name and Address of Current Registered Agent

RAUER, LANNY M
401 CENTRE STREET SECOND FLOOR
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name

Melissa J. Johnson

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

9372 Aspen Road

City

Macclenny

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 Melissa J. Johnson Melissa J. Johnson, President

03/06/01

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 **D** ☐ Delete
NAME **JOHNSON, MELISSA**
STREET ADDRESS **PO BOX 2038**
CITY-ST-ZIP **YULEE FL 32041**

TITLE **D** ☐ Delete
NAME **JOHNSON, TODD**
STREET ADDRESS **PO BOX 2038**
CITY-ST-ZIP **YULEE FL 32041**

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 **D/P/S/T** ☒ Change ☐ Addition
NAME **JOHNSON, MELISSA**
STREET ADDRESS **9372 ASPEN ROAD**
CITY-ST-ZIP **MACCLENNY, FL 32063**

TITLE **D/V** ☒ Change ☐ Addition
NAME **JOHNSON, TODD**
STREET ADDRESS **9372 ASPEN ROAD**
CITY-ST-ZIP **MACCLENNY, FL 32063**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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: Todd E. Johnson

Todd E. Johnson, Executive V-Pres.

03/06/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)