2001 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2001 8:00 am DOCUMENT # P00000053759 **Secretary of State** WHELTON AND SON CONSTRUCTION INC. 01-30-2001 90173 025 ***158.75 Principal Place of Business Mailing Address 3140 E. 8TH ST. 3140 E. 8TH ST. SPRINGFIELD FL 32401 SPRINGFIELD FL 32401 **U I W U W U** 2. Principal Place of Business 3. Mailing Address <u> 6726 OAKENSHAW DRJ-YL</u> 6726 OAKENSHAW) DA J-YG Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For YOUNGSTOWN Not Applicable <u>59-3641805</u> Yourgstow Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUESCHMIDT, DONNA-M Street Address (P.O. Box Number is Not Acceptable) HUFSCHMIDT, DONNA M (6716)OAKENSHAW DR. J-46 6726 DAKENSHAW DR YOUNGSTOWN FL 32466 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. DONNA M. HUFSCHMIDT FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change ☐ Addition WHELTON, ROGER E NAME NAME STREET ADDRESS 3140 E. 8TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRINGFIELD FL 32401 TITLE ☐ Delete Addition HUFSCHMIDT, GEORGE J NAME STREET ADDRESS 6716 OAKENSHAW DR. J-46 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP YOUNGSTOWN FL 32466 . Delete_ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE Delete ☐ Change TITLE NAME NAME

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 incompositions.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TEORGE J. HUPSC IT MIDT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Delete

11 JANHARY 2001

850 283-7119

Daytime Phone #

☐ Change

Addition