

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90219 049 ***150.00

DOCUMENT # **PO6000097285**

1. Entity Name

BEN WIGGAN CONSTRUCTION INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2420 NW 19 ST

3. Mailing Address

2420 NW 19 ST

State, Apt. #, etc.

FT. LAUDERDALE

State, Apt. #, etc.

FT. LAUDERDALE FL

City & State

FL

City & State

Zip

33311

Country

USA

Zip

33311

Country

USA

DO NOT WRITE IN THIS SPACE

4. Fee Number

59-2533456

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **RUEBEN WIGGAN**

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

2420 NW 19 ST

City **FT. LAUDERDALE**

FL

Zip Code

33311

**DO NOT WRITE
IN THIS SPACE**

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

Rueben Wiggan

4-28-02

Signature, print or printed name of registered agent and date of signature

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
WIGGAN, RUEBEN
STREET ADDRESS
2420 NW 19 ST
CITY-STATE-ZIP
Ft Lauderdale FL 33311

TITLE
NAME
PRESIDENT, Director
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
ERICKSON, ROBERT
STREET ADDRESS
2151 SW 42 AVE
CITY-STATE-ZIP
Ft Lauderdale FL 33317

TITLE
NAME
VICE President, Director
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
Wiggan, Claudette
STREET ADDRESS
2420 NW 19 ST
CITY-STATE-ZIP
Ft Lauderdale FL 33311

TITLE
NAME
Secretary
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
Wiggan, Conard
STREET ADDRESS
2420 NW 19 ST
CITY-STATE-ZIP
Ft Lauderdale, FL 33311

TITLE
NAME
TREASURER
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

Rueben Wiggan

4-28-02

951-401-6431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUEBEN WIGGAN

Date

Digitize Phone

CR2E034B (12/01)