2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 93598 015 ***150.00

DOCUMENT # P01000004126 ✓

1. Entity Name
C&W CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
3717 FAIRFIELD DR. CLERMONT, FLORIDA 34711	3717 FAIRFIELD DR. CLERMONT, FLORIDA 34711

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3717 FAIRFIELD DR. Suite, Apt. #, etc	3717 FAIRFIELD DR. Suite, Apt. #, etc
City & State: CLERMONT FLORIDA	City & State: CLERMONT FLORIDA
Zip: 34711 Country: U.S.A.	Zip: 34711 Country: U.S.A.

4. FEI Number: 59-3693107 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAROL L. WIEGAND
3717 FAIRFIELD DR.
CLERMONT, FLORIDA
34711

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 _____ DATE _____
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT CAROL L. WIEGAND 3717 FAIRFIELD DR. CLERMONT, FLORIDA 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Carol L Wiegand CAROL L. WIEGAND 4-16-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #