

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0074965 AV

DOCUMENT # P01000025751

1. Entity Name

CORRIGAN CONSTRUCTION COMPANY, INC.

04-11-2002 90775 001 ***450.00

Principal Place of Business

Mailing Address

**412 BAIL TERR.
 DELTONA FL 32725**

**412 BAIL TERR.
 DELTONA FL 32725**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

531 S. Volusia Ave

531 S. Volusia Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orange City, FL

Orange City, FL

4. FEI Number

Applied For

59-3703806

Not Applicable

Zip

Country

Zip

Country

32763 USA

USA

32763 USA

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORRIGAN, JOHN P IV
 412 BAIL TERR.
 DELTONA FL 32725**

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 _____

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORRIGAN, JOHN P IV 412 BAIL TERR. DELTONA FL 32725	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02 (386)804-4246
 Date Daytime Phone #

CR2E034 (9/01)