

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90216 042 \*\*\*150.00

**DOCUMENT # P01000104169**

1. Entity Name  
**CIVIL CONSTRUCTORS, INC.**

Principal Place of Business

~~P.O. BOX 3717~~  
**LAKE CITY FL 32056**

Mailing Address

~~P.O. BOX 3717~~  
**LAKE CITY FL 32056**

2. Principal Place of Business

**P.O. Box 1231**  
 Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 1231**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**LAKE CITY FL**  
 Zip  
**32056** Country  
**US**

City & State  
**LAKE CITY FL**  
 Zip  
**32056** Country  
**US**

4. FEI Number  
**01-0554365**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BAILEY, GREGORY G**  
**RT, 15 BOX 3084**  
**LAKE CITY FL 32024**

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 \_\_\_\_\_  
 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**H.P. Bishop, Jr. P/D** ☐ Delete  
**Rt. 15 Box 3114**  
**LAKE CITY, FL 32024**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SIT/D** ☐ Delete  
**Gregory G. Bailey**  
**Rt. 15 Box 3084**  
**LAKE CITY, FL 32024**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V/D** ☐ Delete  
**James G. Giebeig**  
**13 St. James Circle**  
**LAKE CITY FL 32055**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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 CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
 NAME  
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☐ Change ☐ Addition

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 or without other like empowered.

**SIGNATURE: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02 (384) 7524953**

Date

Daytime Phone #

CR2E034 (9/01)