

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000116726**
1. Entity Name
GREGORY'S CONSTRUCTION OF NORTH FLORIDA INC



Principal Place of Business
**2592 W. A. CLARK RD
BONIFAY FL 32425**

Mailing Address
**P O BOX 780
GENEVA AL 36340**

FILED

03 FEB 27 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10-30-02 01050 010 \$150.00
☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-1288505**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ELLENBURG, USA
1136 ENGLISH LANE
WESTVILLE FL 32426**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
P POPE, GREGORY
STREET ADDRESS
2592 W A CLARK RD
CITY-ST-ZIP
BONIFAY FL 32425

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

TITLE NAME ☐ Delete
ST POPE, RODNEY
STREET ADDRESS
2344 POPE LANE
CITY-ST-ZIP
BONIFAY FL 32426

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

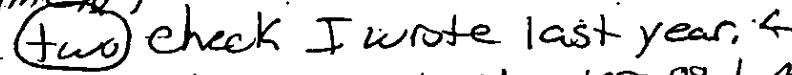
SIGNATURE:

SIGNATURE OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03

3346846398

CR2E034 (10/02)

Attachment
: Here is a copy of the two check I wrote last year. 
They both had clear my bank. Please put the 150⁰⁰ dollar
on this year instead of reimbursing me on this.

58010028
PO1000116726

Both was for the
Uniform Business Rep

If you have any Question Please
Call Ricky McQuard at 334-684-6398