

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90204 021 \*\*\*158.75

**DOCUMENT # P02000010262**

**1. Entity Name**  
**VOLUSIA CONSTRUCTION OPERATING COMPANY**



**Principal Place of Business**  
**1650 PRUDENTIAL DRIVE**  
**105**  
**JACKSONVILLE FL 32207**

**Mailing Address**  
**1650 PRUDENTIAL DRIVE**  
**105**  
**JACKSONVILLE FL 32207**



☐ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**  
**952 BIG TREE ROAD**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**P.O. BOX 214578**  
Suite, Apt. #, etc.

**City & State**  
**SOUTH DAYTONA, FLA.**  
**Zip**  
**32119**  
**Country**  
**USA**

**City & State**  
**SOUTH DAYTONA, FLA.**  
**Zip**  
**32121**  
**Country**  
**USA**

**4. FEI Number**  
**30-0040282**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**ELEFANT, FRED**  
**1650 PRUDENTIAL DRIVE**  
**105**  
**JACKSONVILLE FL 32207**

**7. Name and Address of New Registered Agent**

**Name**  
**THOMAS S. UNDERWOOD**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**952 BIG TREE ROAD**  
**City**  
**SOUTH DAYTONA** **FL** **Zip Code**  
**32119**

**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** **THOMAS S. UNDERWOOD**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**  
**2/4/03**

☒ **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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>PD</b>	<b>NAME</b> <b>UNDERWOOD, THOMAS S</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>STREET ADDRESS</b> <b>1650 PRUDENTIAL DRIVE, SUITE 105</b>		
<b>CITY-ST-ZIP</b> <b>JACKSONVILLE FL 32207</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> <b>Delete</b>
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> <b>Delete</b>
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> <b>Delete</b>
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> <b>Delete</b>
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>C.E.O.</b>	<b>NAME</b> <b>Underwood, Thomas S.</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>STREET ADDRESS</b> <b>952 BIG TREE ROAD</b>		
<b>CITY-ST-ZIP</b> <b>SOUTH DAYTONA, FLA. 32119</b>		
<b>TITLE</b> <b>SECRETARY TREASURY</b>	<b>NAME</b> <b>Underwood, Thomas S.</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>STREET ADDRESS</b> <b>952 BIG TREE ROAD</b>		
<b>CITY-ST-ZIP</b> <b>SOUTH DAYTONA, FLA 32119</b>		
<b>TITLE</b> <b>President</b>	<b>NAME</b> <b>RONNIE BLEDSOE</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>STREET ADDRESS</b> <b>952 BIG TREE ROAD</b>		
<b>CITY-ST-ZIP</b> <b>SOUTH DAYTONA, FLA 32119</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date** **2/4/03** **Daytime Phone #** **386-761-6111**

CR2E034 (10/02)