

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02471

1. Entity Name

SANTANA CONSTRUCTION, INC.

Principal Place of Business
850 AIRPORT ROAD
PORT ORANGE FL 32124-7414

Mailing Address
850 AIRPORT ROAD
PORT ORANGE FL 32124-7414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 73-1173052

Applied For

Not Applicable

5. Certificate of Status Desired ☒ X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, YVONNE
846 AIRPORT ROAD
NEW SMYRNA BEACH FL 32168

Name

Street Address (P.O. Box Number is Not Acceptable)

850 Airport Road

City

Port Orange

FL

Zip Code 32124

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 *Yvonne Wood*

Yvonne Wood, Secretary

February 12, 2001

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, 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	P	<input type="checkbox"/> Delete
NAME	WOOD, JACK D.	
STREET ADDRESS	846 AIRPORT ROAD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	S	<input type="checkbox"/> Delete
NAME	WOOD, YVONNE	
STREET ADDRESS	846 AIRPORT ROAD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WOOD, JONATHAN D	
STREET ADDRESS	846 AIRPORT RD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	HALLEKAN, IVONNE M	
STREET ADDRESS	846 AIRPORT RD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	850 Airport Road	
CITY-ST-ZIP	Port Orange, Florida 32124	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	850 Airport Road	
CITY-ST-ZIP	Port Orange, FL 32124	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	850 Airport Road	
CITY-ST-ZIP	Port Orange, FL 32124	
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Halleran, Ivonne M	
STREET ADDRESS	850 Airport Road	
CITY-ST-ZIP	Port Orange, FL 32124	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Yvonne Wood* Yvonne Wood Secretary February 12, 2001 386 428-8999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90093 045 ***158.75

C0022006



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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