

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90013 028 ****61.25

DOCUMENT # P11384

1. Entity Name

GVA, INC.

549822



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O TERRY DEES KOLENICH
 4 NAVY LANE
 SPANISH FT. AL 36527
 US

C/O TERRY DEES KOLENICH
 4 NAVY LANE
 SPANISH FT AL 36527
 US

2. Principal Place of Business

3. Mailing Address

C/o Janet Miller-Schmidt
 Suite, Apt. #, etc.
 2777 Lakeshore Drive

C/o Janet Miller-Schmidt
 Suite, Apt. #, etc.
 2777 Lakeshore Dr

City & State
 Mandeville, LA

City & State
 Mandeville, LA

4. FEI Number **59-2129669**

Applied For
 Not Applicable

Zip
 70448-5629

Country
 USA

Zip
 70448-5629

Country
 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

VAILLANT, FRANCOIS D.
 1421 LAMHURST RD.
 PENSACOLA FL 32507

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLEINSCHRODT, KEN 6258 LAUSANNE DR. SOUTH MOBILE AL 36608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNETT, STEWART 17 PAPWORTH AVE. METAIRIE LA 70005	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOLENICH, TERRY DEES 4 NAVY LANE SPANISH FORT AL 36527	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAGGART, LARRY 5809 MEMPHIS NEW ORLEANS LA 70124	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MARSHALL 307 MONAHAN DRIVE FT WALTON BEACH FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORROW, JOHN 465 HARRISON AVENUE PANAMA CITY FL 32402	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kleinschrodt, Ken 4411 Park Road Mobile, AL 36605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Chamblain, Walter P.O. Box 2400 Bay St. Louis, MS 39521	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Miller-Schmidt, Janet 2777 Lakeshore Dr. Mandeville, LA 70448-5629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brooker, Jr., Norton W P.O. Drawer 2121 Mobile, AL 36652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richards, Ron 6625 Calle de Laurel Navarre, FL 32566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Morrow, John P.O. Box 1446 Panama City, FL 32402	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: Janet Miller-Schmidt Janet Miller-Schmidt 4/30/01 (985)6248152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)