

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19893

1. Entity Name
VERCON CONSTRUCTION, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90051 027 ***150.00

Principal Place of Business Mailing Address
285 FAIR FOREST WAY **285 FAIR FOREST WAY**
GREENVILLE SC 29607 **GREENVILLE SC 29607-4610**

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 **57-0840598**

Applied For
Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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** ☐ Delete
NAME **VERGNOLLE, ROBERT R.**
STREET ADDRESS **116 HOLBROOK TRAIL**
CITY-ST-ZIP **GREENVILLE SC 29605**

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

TITLE **ST** ☐ Delete
NAME **SIMS, ANN H.**
STREET ADDRESS **180 SLATTON SHOALS ROAD**
CITY-ST-ZIP **PELZER SC**

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

TITLE **VP** ☐ Delete
NAME **BOYD, JR, DAVID**
STREET ADDRESS **311 BRIDGEWATER DR**
CITY-ST-ZIP **GREENVILLE SC 29615**

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

TITLE **VP** ☐ Delete
NAME **ARDEN, ROBERT**
STREET ADDRESS **125 LOKCHATEE LANDING**
CITY-ST-ZIP **MACON GA 31210**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1948 Northside DRIVE**
CITY-ST-ZIP **ATLANTA GA 30318**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VERGNOLLE JR, Robert R.**
STREET ADDRESS **14347 Sandy Hook Road**
CITY-ST-ZIP **Jacksonville FL 32204**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **CFO M. Richard Ratchford, Jr.**
STREET ADDRESS **509 Wagon Trail**
CITY-ST-ZIP **SIMPSONVILLE SC 29681**

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: *Ann H. Sims*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECAPITALIS: ms, Sec/Treas **2/8/00** **864-987-5536**
Date Daytime Phone #

CR2E034 (9/99)