

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90114 003 \*\*\*158.75

SECTION  
AT

**DOCUMENT # P38519**

1. Entity Name

**LOWDER CONSTRUCTION COMPANY, INC.**



Principal Place of Business

**2000 INTERSTATE PARK DR.  
SUITE 400  
MONTGOMERY AL 36109  
US**

Mailing Address

**2000 INTERSTATE PARK DR.  
SUITE 400  
MONTGOMERY AL 36109  
US**

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

**63-1036354**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

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

**CFRA, LLC  
C/O CARLTON FIELDS, ONE HARBOUR PLACE  
777 SOUTH HARBOUR ISLAND BLVD.  
TAMPA FL 33602-5730**

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	CD	<input type="checkbox"/> Delete
NAME	LOWDER, JAMES K.	
STREET ADDRESS	2000 INTERSTATE PK DR.	
CITY-ST-ZIP	MONTGOMERY AL 36109	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWDER, THOMAS H.	
STREET ADDRESS	2101 6TH AVE, NORTH STE 750	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	HARDWICH, ROBERT M. JR	
STREET ADDRESS	2000 INTERSTATE PK DR.	
CITY-ST-ZIP	MONTGOMERY AL 36109	
TITLE	AST	<input type="checkbox"/> Delete
NAME	TUCKER, BRYAN K	
STREET ADDRESS	2000 INTERSTATE PARK DR.	
CITY-ST-ZIP	MONTGOMERY AL 36109	
TITLE	P	<input type="checkbox"/> Delete
NAME	POOLE, RONALD	
STREET ADDRESS	2000 INTERSTATE PK	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCLEOD, P L JR.	
STREET ADDRESS	2000 INTERSTATE PARK DR.	
CITY-ST-ZIP	MONTGOMERY AL 36109	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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	

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

4/29/03 (334) 270-6638

Date

Daytime Phone #

CR2E034 (10/02)