

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90030 015 ***150.00

0644704 AT

DOCUMENT # P40652

1. Entity Name
COSTON CONSTRUCTION COMPANY, INC.



Principal Place of Business
**517 ALABAMA AVE SW
BIRMINGHAM AL 35211
US**

Mailing Address
**P.O. BOX 110156
BIRMINGHAM AL 35211**



2. Principal Place of Business

5944 Pocahontas Rd.

3. Mailing Address

P.O. Box 518

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Bessemer, AL

City & State
McCalla, AL

4. FEI Number
63-0944454

Applied For
Not Applicable

Zip
35022

Country

Zip
35111

Country

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

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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	PCD	<input type="checkbox"/> Delete
NAME	COSTON, KENNETH C.	
STREET ADDRESS	517 ALABAMA AVE. S.W.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCDONALD, CAROL C.	
STREET ADDRESS	517 ALABAMA AVE. S.W.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COSTON, EVELYN C.	
STREET ADDRESS	517 ALABAMA AVE. S.W.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	T	<input type="checkbox"/> Delete
NAME	COSTON, KENNETH C.	
STREET ADDRESS	517 ALABAMA AVE. S.W.	
CITY-ST-ZIP	BIRMINGHAM AL	
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	5944 Pocahontas Rd.	
CITY-ST-ZIP	Bessemer, AL 35022	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5944 Pocahontas Rd.	
CITY-ST-ZIP	Bessemer, AL 35022	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Carla McDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-03 205-481-1246
Date Daytime Phone #

CR2E034 (10/02)