

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90044 016 ***150.00

0369473 AV

DOCUMENT # P93000025152

1. Entity Name
BIG LAKE CONTRACTORS, INC.

Principal Place of Business
3019 S.R. 715
SUITE 2
BELLE GLADE FL 33430

Mailing Address
POB 10
BELLE GLADE FL 33430
US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0396406** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HOLT, THOMAS C JR
~~1556 SHAKER CIRCEL~~ **2980 WERWOOD COURT**
~~W PALM BEACH FL 33414~~ **WELLINGTON, FL 33414-7680**

7. Name and Address of New Registered Agent
 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 _____ (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. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	ST	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	HOLT, THOMAS C JR		NAME		
STREET ADDRESS	1556 SHAKER CIRCEL		STREET ADDRESS	2980 WERWOOD COURT	
CITY-ST-ZIP	W PALM BEACH FL		CITY-ST-ZIP	WELLINGTON, FL 33414-7680	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	JENKINS, J C		NAME		
STREET ADDRESS	615 NW 3RD ST		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *J.C. Jenkins*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-02 **561.992.9660**
 Date Daytime Phone #

CR2E034 (9/01)