

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000046835

1. Entity Name

GFV CONSTRUCTION COMPANY

Principal Place of Business

Mailing Address

733 CARPENTERS WAY
LAKELAND FL 33809
US

PO BOX 6396
LAKELAND FL 33810-2048
US

2. Principal Place of Business

3. Mailing Address

1833 Banana Road

1833 Banana Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33810

Country

US

Zip

33810

Country

US

6. Name and Address of Current Registered Agent

JEFFARES, DONALD J.
5660 LAKEPOINT DRIVE
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

VICKIE E REID

Street Address (P.O. Box Number is Not Acceptable)

1833 Banana Road

City

Lakeland

FL

Zip Code

33810

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

Ray B. M... Pres. Vickie E Reid, Secy/Treas 2/11/00

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 \$300.00.
Make Check Payable to Department of State

10. Election Campaign Financing
First Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	NAME	JEFFARES, DONALD J	STREET ADDRESS	5066 LAKE POINT DR.	CITY-ST-ZIP	LAKELAND FL 33813	<input checked="" type="checkbox"/> Delete
TITLE	V	NAME	GOODSPEED, CLIFF	STREET ADDRESS	733 CARPENTERS WAY, UNIT 22	CITY-ST-ZIP	LAKELAND FL	<input type="checkbox"/> Delete
TITLE	D	NAME	CHRISTIAN, BRENT	STREET ADDRESS	P.O. BOX 1615 N/A	CITY-ST-ZIP	GONZALES TX	<input checked="" type="checkbox"/> Delete
TITLE	V	NAME	CHRISTIAN, BILL	STREET ADDRESS	P.O. BOX 1615 N/A	CITY-ST-ZIP	GONZALES TX	<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PRESIDENT	NAME	GOODSPEED, Clifford B.	STREET ADDRESS	9505 Bridgewood Place	CITY-ST-ZIP	FT. WAYNE, IN 46835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SECRETARY/TREASURER	NAME	VICKIE E REID	STREET ADDRESS	1833 Banana Road	CITY-ST-ZIP	Lakeland, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

VICKIE E REID, SECRETARY-TREASURER

2/11/2000

863-858-877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90028 037 ***150.00

114004



DO NOT WRITE IN THIS SPACE