

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047798

1. Entity Name

SOUTHWIND CONSTRUCTION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90546 037 ***150.00

Principal Place of Business

ROUTE 4, BOX 535
HAVANA FL 32333

Mailing Address

ROUTE 4, BOX 535
HAVANA FL 32333-9804

2. Principal Place of Business

382 RICHWAY RD.

Suite, Apt. #, etc.

3. Mailing Address

382 RICHWAY RD.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HAVANA, FLORIDA

City & State

HAVANA, FLORIDA

4. FEI Number

59-3251128

Applied For

Not Applicable

Zip

32333

Country

GAZDEN

Zip

32333

Country

GAZDEN

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DODSON, JULIAN G
ROUTE 4, BOX 535
HAVANA FL 32333

7. Name and Address of New Registered Agent

Name JULIAN GLENN DODSON

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

382 RICHWAY RD.

City HAVANA

FL

Zip Code 32333

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 JULIAN GLENN DODSON

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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 \$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

TITLE	D	<input type="checkbox"/> Delete
NAME	DODSON, JULIAN G	
STREET ADDRESS	ROUTE 4, BOX 535	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	382 RICHWAY RD.	
STREET ADDRESS	HAVANA, FL. 32333	
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
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
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIAN GLENN DODSON

Date

4/27/00

Daytime Phone #

891-7019

CR2E034 (9/99)