

FILED

03 OCT -6 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000063496					
1. Entity Name WEST FLORIDA CONSTRUCTION, INC.					
Principal Place of Business 100 2ND AVE N SUITE 350 ST PETERSBURG, FL 33701			Mailing Address P.O. BOX 870 SUITE 350 ST PETERSBURG, FL 33731 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 65-0516629	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEHM, MARTHA 100 2ND AVE N SUITE 350 ST PETERSBURG, FL 33701			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. 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 electing.) DATE _____					
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$250.00 Anticipated Effective Date: 01-01-2004 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	D		TITLE	Vice President/Director	
NAME	ANDERSON, CHARLES C		NAME		
STREET ADDRESS	1328 PASADENA AVE S #308		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP		
TITLE	PDS		TITLE		
NAME	FAWCETT, JOSEPH		NAME		
STREET ADDRESS	6900 SHORE BLVD #812		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP		
TITLE	D		TITLE	Treasurer, Director	
NAME	KEHM, MARTHA		NAME		
STREET ADDRESS	1909 BEACH DR. SE		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33706		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 <i>Martha L Kehm</i>			Date <i>9/29/03</i> Daytime Phone # <i>727-823-7926</i>		

CH2E034 (10/02)

7/20/16