2000 UNIFORM BUSINESS REPORT (UBR)

Judy A. Wolcott, President

SIGNATURE:

FILED Mar 27, 2000 8:00 am Secretary of State DOCUMENT # **P94000067257** 1. Entity Name ALVIN WOLCOTT CONSTRUCTION CO. INC. 03-27-2000 90084 007 ***150.00 Principal Place of Business Mailing Address 1424 US 27 N 1424 US 27N AVON PARK FL 33825-3366 AVON PARK FL 33825 **レリリサンバンサ** 2. Principal Place of Business 5232 US 27 N 3. Mailing Address 5232 US 27 N Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0514892 Sebring, Fl Sebring, Fl Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33870 Highlands 33870 Highlands Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Wolcott, Judy A. WOLCOTT, ALVIN F Address (P.O. Box Number is Not Acceptable) 2435 N. AZALEA DR **AVON PARK FL 33825** City Zin Cod 25 Avon Park, Fl. 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 President (NOTE: Registered Agent signature required when reinstating) gistered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE 🔀 Delete TITLE Change Paul Remington ALVIN F. WOLCOTT NAME NAME 5232 US 27 N STREET ADDRESS 1424 KIS 27.Nk 5232 US 27 N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AWONKRABKx6L Sebring, F1: 33870 Sebring, Fl 33870 DPT TITLE Delete TITLE ☐ Change Addition NAME WOLCOTT, JUDY A. NAME STREET ADDRESS 1424. LUSX2ZAN 5232 US 27 N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ANON RABKAR Sebring, F1 33870 Change ☐ Addition TITLE TITLE **GUS BRODEUR** NAME NAME 2515 N ORANGEWOOD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVON PARK FL CITY-ST-ZIP . Delete Change ☐ Addition TITLE TITLE TAMMY W FISHER NAME NAME STREET ADDRESS 100 LAKE BYRD BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVON PARK FL TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE 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.

3-16-00