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2001 UNIFORM BUSINESS REPORT (UBR)

Mar 08, 2001 8:00 am DOCUMENT # P94000067257 **Secretary of State** ALVIN WOLCOTT CONSTRUCTION CO. INC. 03-08-2001 90133 025 ***150.00 Principal Place of Business Mailing Address 5232 US 27 NORTH 5232 US 27 NORTH 00023276 SEBRING FL 33870 SEBRING FL 33870 2. Principal Place of Business 3. Mailing Address 2435 N HAIEA DR. 435 N.AZALEA DR DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0514892 Ank Hoan Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required.___ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOLCOTT, JUDY A Street Address (P.O. Box Number is Not Acceptable) 2435 N. AZALEA DR AVON PARK FL 33825 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITI F TITLE ☐ Addition X Delete ☐ Change NAME ALVIN F. WOLCOTT NAME STREET ADDRESS STREET ADDRESS 5232 US 27 N CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33870 48 P TITLE TITLE Change Addition WOLCOTT, JUDY A. NAME NAME 2435 N. AZALEA DA STREET ADDRESS 5232 US 27 NORTH STREET ADDRESS CITY-ST-7IP CITY-ST-7IP SEBRING FL-33870 TITLE TITLE Change ☐ Addition **GUS BRODEUR** NAME NAME STREET ADDRESS 2515 N ORANGEWOOD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVON PARK FL Delete TITLE TITLE ☐ Addition Change NAME TAMMY W FISHER NAME 100-LAKE BYRD BLVD 2672 N. OSCOOLA PO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVON PARK FL 33825 Delete TITLE TITLE ☐ Change ☐ Addition NAME BEVINGTON, PAUL NAME STREET ADDRESS 5232 US 27 N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33870 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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

3-4-01 (843)
Date Date Destrict Phone *