

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90172 049 ***150.00

DOCUMENT # P94000067257

1. Entity Name
ALVIN WOLCOTT CONSTRUCTION CO. INC.

Principal Place of Business

2435 N AZALEA DR
AVON PARK FL 33825
US

Mailing Address

2435 N AZALEA DR
AVON PARK FL 33825
US

2. Principal Place of Business

2470 N. Orangewood Street

Suite, Apt. #, etc.

3. Mailing Address

2470 N. Orangewood Street

Suite, Apt. #, etc.

City & State

Avon Park, FL

City & State

Avon Park, FL.

4. FEI Number

65-0514892

Applied For

Not Applicable

Zip

33825

Country

Highlands

Zip

33825

Country

Highlands

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLCOTT, JUDY A

2435 N AZALEA DR 2470 N. Orangewood St.
AVON PARK FL 33825

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WOLCOTT, JUDY A.**
STREET ADDRESS **2435 N AZALEA DR 2470 N. Orangewood St.**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **S** ☐ Delete
NAME **TAMMY W FISHER**
STREET ADDRESS **2672 N OSCEOLA RD**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **V** ☒ Delete
NAME **BEVINGTON, PAUL**
STREET ADDRESS **5232 US 27 N**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Judy Wolcott* **Judy Wolcott, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

863-453-6010

Daytime Phone #

CR2E034 (9/01)