

2005

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90098 010 \*\*\*150.00

<b>DOCUMENT #</b> P94000067257
<b>1. Entity Name</b>
ALVIN WOLCOTT CONSTRUCTION CO INC

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2470 N ORANGEWOOD ST		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> AVON PARK		<b>City &amp; State</b>	
<b>Zip</b> 33825	<b>Country</b> HIGHLANDS	<b>Zip</b>	<b>Country</b>

20034076

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-0514892		<b>Applied For</b>	
		Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> WOLCOTT, JUDY A	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2470 N ORANGEWOOD ST	
<b>City</b> AVON PARK	<b>FL</b>
<b>Zip Code</b> 33825	

**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 reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DP WOLCOTT, JUDY A 2470 N ORANGEWOOD ST AVON PARK, FL. 33825	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**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 on an attachment with an address, with all other like empowered.**

SIGNATURE

JUDY A. WOLCOTT, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(863) 453-6010

Daytime Phone #