

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000043004

1. Entity Name

OLIVER CONSTRUCTION SERVICES, INC.

Principal Place of Business
10036 SAWGRASS DR.
PONTE VEDRA BCH FL 32082

Mailing Address
P.O. BOX 208
PONTE VEDRA BCH FL 32004-0208

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 59-3317438

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRAUGHON, RICHARD S
200 WEST FORSYTH STREET, SUITE 1730
SUITE 1730
JACKSONVILLE FL 32202

Name HENRY H. OLIVER, JR.

Street Address (P.O. Box Number is Not Acceptable)
145 DEER COVE DR.

City PONTE VEDRA BCH FL Zip Code 32082

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

1-7-00

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, 2000 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 D
NAME OLIVER, HENRY H
STREET ADDRESS 200 WEST FORSYTH STREET, SUITE 1730
CITY-ST-ZIP JACKSONVILLE FL 32202 ☒ Delete

TITLE PRES. D.
NAME HENRY H. OLIVER, JR.
STREET ADDRESS P.O. BOX 208, 145 DEER COVE
CITY-ST-ZIP PONTE VEDRA BCH, FL 32082 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V.P. D.
NAME JAMES P. STEED
STREET ADDRESS 3011 SEA HAWK DR.
CITY-ST-ZIP PONTE VEDRA BCH, FL 32082 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D.
NAME JOHN R. BUNCHARD
STREET ADDRESS 3011 SEA HAWK DR.
CITY-ST-ZIP PONTE VEDRA BCH, FL 32082 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D.
NAME ROBERT P. MCCOMBS
STREET ADDRESS 3331 PEACH DR.
CITY-ST-ZIP JAX, FL 32234 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D.
NAME JEFFREY W. SUMMERS
STREET ADDRESS 412 7TH ST. N. #1
CITY-ST-ZIP JAX BEACH, FL 32250 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

HENRY H. OLIVER, JR. 1-7-00 904-285-0821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #