

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000050374**

1. Entity Name

WEST CALHOUN CONSTRUCTION CO., INC.**FILED****Feb 01, 2001 8:00 am**
Secretary of State

02-01-2001 90131 022 ***150.00

00014073



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3749 D GULF BREEZE PARKWAY
GULF BREEZE FL 32561
US

Mailing Address

3749 D GULF BREEZE PARKWAY
GULF BREEZE FL 32561
US

2. Principal Place of Business

913 Gulf Breeze Parkway

3. Mailing Address

913 Gulf Breeze Parkway

Suite, Apt. #, etc.

Suite #18

Suite, Apt. #, etc.

Suite #18

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

Zip

32561

Country

USA

Zip

32561

Country

USA

4. FEI Number

59-3323379

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CALHOUN, WEST J
3749 D GULF BREEZE PKWY
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Calhoun, West J
913 Gulf Breeze Parkway, Suite #18
Gulf Breeze
FL **32561**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WEST, CALHOUN J	
STREET ADDRESS	3749 D GULF BREEZE PKWY	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	VST	<input type="checkbox"/> Delete
NAME	CALHOUN, AMY A	
STREET ADDRESS	3749 D GULF BREEZE PKWY	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Calhoun, West J	
STREET ADDRESS	913 Gulf Breeze PKWY, Suite #18	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Calhoun, Amy A	
STREET ADDRESS	913 Gulf Breeze PKWY, Suite #18	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)