

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080576

1. Entity Name

ROGER A. INSKIP CONSTRUCTION COMPANY, INC.

Principal Place of Business

251 GOLF CLUB DR  
NEW SMYRNA BEACH FL 32168  
US

Mailing Address

251 GOLF CLUB DRIVE  
NEW SMYRNA BEACH FL 32168  
US

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 59-3439763

Applied For

Not Applicable

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

INSKIP, MARY JANE  
251 GOLF CLUB DR  
NEW SMYRNA BEACH FL 32168

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, 2001 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

TITLE **P** ☐ Delete  
NAME INSKIP, KENNETH A  
STREET ADDRESS #1 FAIRWAY CIRCLE  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE **STD** ☐ Delete  
NAME INSKIP, MARY J  
STREET ADDRESS 251 GOLF CLUB DR  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE **D** ☐ Delete  
NAME INSKIP, ROGER A  
STREET ADDRESS 251 GOLF CLUB DR  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VE** ☒ Change ☐ Addition  
NAME } SAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **P** ☒ Change ☐ Addition  
NAME } SAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Mary Jane Inskip MARY JANE INSKIP 1/5/01 904-428-5754  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90057 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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