

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000038126

1. Entity Name

SHENANDOAH CONSTRUCTION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90050 009 ***158.75

Principal Place of Business

Mailing Address

2225 JUDSON STREET
LYNN HAVEN FL 32444

2225 JUDSON STREET
LYNN HAVEN FL 32444-3092

2. Principal Place of Business

2233 Judson Street

3. Mailing Address

2233 Judson Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lynn Haven, FL

City & State

Lynn Haven, FL

4. FEI Number

59-3439468

Applied For

Not Applicable

Zip

32444

Country

USA

Zip

32444

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROGDON, LESLIE R
2225 JUDSON STREET
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name **BROGDON, LESLIE R.**

Street Address (P.O. Box Number is Not Acceptable)

2233 Judson Street

City **Lynn Haven,**

FL

Zip Code **32444**

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, 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

TITLE **PTS** ☐ Delete
NAME **BROGDON, LESLIE**
STREET ADDRESS **2225 JUDSON ST.**
CITY-ST-ZIP **LYNN HAVEN FL**

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 ☐ 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 **PTS** ☒ Change ☐ Addition
NAME **BROGDON, LESLIE**
STREET ADDRESS **2233 Judson Street**
CITY-ST-ZIP **Lynn Haven, FL. 32444**

TITLE **V** ☐ Change ☒ Addition
NAME **BROGDON, DEBBIE**
STREET ADDRESS **2233 Judson Street**
CITY-ST-ZIP **Lynn Haven, FL. 32444**

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

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: **Leslie R. Brogdon** **LESLE R. BROGDON** 4/6/00 850-265-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)