

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000038126

1. Entity Name

SHENANDOAH CONSTRUCTION, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90008 006 ***150.00

Principal Place of Business

2225 JUDSON STREET
LYNN HAVEN FL 32444

Mailing Address

2225 JUDSON STREET
LYNN HAVEN FL 32444

2. Principal Place of Business

3. Mailing Address

2233 Judson Street

2233 Judson Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lynn Haven, FL.

City & State

Lynn Haven, FL.

Zip

32444

Country

USA

Zip

32444

Country

USA

4. FEI Number

59-3439468

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

BROGDON, LESLIE R.
2225 JUDSON STREET
LYNN HAVEN FL 32444

Name

Leslie R Brogdon

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

Leslie R Brogdon

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PTS | <input type="checkbox"/> Delete |
| NAME | BROGDON, LESLIE | |
| STREET ADDRESS | 2225 JUDSON ST. | |
| CITY-ST-ZIP | LYNN HAVEN FL | |
| 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 | | |

| | | |
|----------------|----------------------------|--|
| TITLE | PTS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Leslie Brogdon | |
| STREET ADDRESS | 2233 Judson Street | |
| CITY-ST-ZIP | Lynn Haven FL 32444 | |
| 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:

Leslie R Brogdon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

Date

850-265-4545

Daytime Phone #

CR2E034 (10/00)