

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90101 038 \*\*\*158.75

**DOCUMENT # P97000031660**

1. Entity Name  
**SIKES CONSTRUCTION, INC.**

Principal Place of Business Mailing Address  
**1904 LISENBY AVE P O BOX 35415**  
**PANAMA CITY FL 32405 PANAMA CITY FL 32412-5415**  
**US US**

2. Principal Place of Business 3. Mailing Address  
**8030 HWY 77 P.O. BOX 8306**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**SOUTHPORT, FLORIDA SOUTHPORT, FLORIDA**

4. FEI Number **59-3442176** Applied For  
 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
**32409 BAY 32409 BAY**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SIKES, HUBERT L JR.**  
**1904 LISENBY AVE**  
**PANAMA CITY FL 32405**

Name **SIKES, HUBERT L., JR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8030 HWY 77**  
 City **SOUTHPORT FL** Zip Code **32409**

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 **HUBERT L. SIKES, JR. PRESIDENT** **3-01-00**  
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                  |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|--|---|---|
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>SIKES, HUBERT L JR.</b><br><b>1904 LISENBY AVE</b><br><b>PANAMA CITY FL 32405</b> | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <b>P</b><br><b>SIKES, HUBERT . JR.</b><br><b>8030 HWY 77</b><br><b>SOUTHPORT, FL 32409</b>            |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST</b><br><b>BOWEN, STACIE R</b><br><b>9315 GOBBLER CIRCLE</b><br><b>PANAMA CITY FL 32409</b> | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <b>S/T</b><br><b>GALBREATH, STACIE R.</b><br><b>9315 GOBBLER CIRCLE</b><br><b>SOUTHPORT, FL 32409</b> |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           |   |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           |   |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           |   |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE NAME<br>STREET ADDRESS<br>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 **HUBERT L. SIKES, JR. PRESIDENT** **3-01-00** **850-265-4564**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/99)