2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000036315 **DOCUMENT #**

1. Entity Name

WERHAN CONSTRUCTION, INC.



Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90214 041 ***150.00 **FILED**

Principal Place of Business 911 EAST KING FIELD ROAD 711-A WEST GARD CANTONMENT FL 32533 PENSACOLA FL 3 US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.	2501	
1301 u		
	I handle I	
		☐ CHECK HERE IF MAKING CHANGES
City & State City & State City & State	OLA EL	4. FEI Number 59-3445419 Applied For Not Applicable
Zip Country Zip 32 50 /	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	- 	7. Name and Address of New Registered Agent
BASS AND SANDFORT ACCOUNTS 711-A WEST GARDEN STREET PENSACOLA FL 32501 8. The above named entity submits this statement for the purpose of change the obligations of registered agent.	City Pen	s & Sandfort Accountants, PA 1 W. Garden Street sacola FL 32501-4504 ed agent, or both, in the State of Florida. I am familiar with, and accept
Signature grade or original same of registered open and title if applicable.	(NOTE: Registered Agent signature required	J when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD Delet WERHAN, CLARENCE STREET ADDRESS CITY-ST-ZIP CANTONMENT FL 32533	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VSTD Delete NAME WERHAN, MARION STREET ADDRESS CITY-ST-ZIP CANTONMENT FL 32533	e TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP	e TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
THILE— Delete NAME STREET ADDRESS CITY-ST-ZIP	e TITLE NAME STREET ADDRESS CITY-ST-ZIP	- Change Addition
TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quarter.	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: