

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Oct 02, 2002 8:00 am**  
**Secretary of State**

10-02-2002 90121 041 \*\*\*150.00

DOCUMENT # P98000040297  
1. Entity Name  
**WVN Construction, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4360 Roma Blvd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**4360 Roma Blvd.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Jacksonville, FL.**  
Zip  
**32210**  
Country  
**USA**

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**Jacksonville, FL.**  
Zip  
**32210**  
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**USA**

4. FEI Number **59-3511425**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

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

Name **Norris, William V.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4360 Roma Blvd.**  
City **Jacksonville** FL Zip Code **32210**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY - ST - ZIP	<b>President (D) Director NORRIS, WILLIAM V. 4360 Roma Blvd. Jacksonville, Florida 32210</b>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **William V. Norris**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/30/02** (904) 281-9969  
Date Daytime Phone #

CR2E034B (12/01)

Attachment  
Doc. # P98000040297

**WVN Construction, Inc.**

678802

September 30, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

To Whom It May Concern:

Please accept this letter as a request to waive penalty fees due to late filing. My office relocated earlier this year, which caused a problem in mail service. I have included the standard \$150.00 fee for processing.

Should you have any questions or require additional information, please do not hesitate to call me at (904) 838-8301.

Sincerely,



William V. Norris  
Director

4360 Roma Boulevard  
Jacksonville, Florida 32210  
Phone: (904) 281-9969