

**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.

City & State

Jacksonville, FL.

4. FEI Number

59-3511425

Applied For

Not Applicable

Zip

32210

Country

USA

Zip

32210

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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
~~President~~ (D) Director
NORRIS, WILLIAM V.
4360 Roma Blvd.
Jacksonville, Florida 32210

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

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
678802

WVN Construction, Inc.

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