## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 02, 2001 8:00 am Secretary of State DOCUMENT # P98000077809 CARROLL J. NEYREY CONSTRUCTION CO. INC. 02-02-2001 90274 016 \*\*\*158.75 Principal Place of Business Mailing Address 295 ORANGE ST PO BOX 937 OZONA FL 34660 CRYSTAL BEACH FL 34681 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3536780 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Name NEYREY, CARROLL J Street Address (P.O. Box Number is Not Acceptable) 295 ORANGE ST OZONA FL 34660 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change ☐ Addition NEYREY, ANN W NAME 295 ORANGE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **OZONA FL 34660** CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition **NEYREY, CARROLL J** NAME NAME STREET ADDRESS 295 ORANGE ST STREET ADDRESS CITY-ST-ZIP **OZONA FL 34660** CITY-ST-ZIP TITLE Delete -- -ے سرمند ""TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2001

813 230 0360

Daytime Phone #

FILED