FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jan 28, 2002 8:00 am Secretary of State P98000078506 DOCUMENT # 1. Entity Name CONSTRUCTION ENTERPRISES OF NORTHWEST FLORIDA, I 01-28-2002 90034 022 \*\*\*158 Principal Place of Business Mailing Address 4740 WOODBINE ROAD P.O. BOX 2252 PACE FL 32571 PACE FL 32571 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 59-3536630 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 HALL, JERRY W Street Address (P.O. Box Number is Not Acceptable) 4740 WGODBINE ROAD **PACE FL 32571** ٠. 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition HALL, JERRY W NAME NAME 2361 CAMORS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JAY FL 32565 CITY-ST-ZIP TITLE ... Delete TITLE Addition Change NAME HALL, RICHARD L NAME STREET ADDRESS 6012 SADDLECLUB ROAD STREET ADDRESS CITY-ST-ZIP PACE FL-32571 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

(RICHARDIL. HALL. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

1/16/2002

850-994-7100

Date

Daytime Phone #