

# 2001 UNIFORM BUSINESS REPORT (UBR)

1902  
0109098 AT

DOCUMENT # **P98000080949**

1. Entity Name  
**VICKERS GENERAL CONTRACTOR, INC.**

**FILED**

01 SEP 28 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2014 PERRY PLACE  
JACKSONVILLE FL 32207**

Mailing Address  
**P.O. BOX 5459  
JACKSONVILLE FL 32247**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**2014 Perry Place**  
Suite, Apt. #, etc.

City & State  
**Jacksonville, Florida**

Zip  
**32207**

Country  
**Duval**

4. FEI Number **59-3540947**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VICKERS, DAVID W  
2014 PERRY PLACE  
JACKSONVILLE FL 32207**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (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) ☐

**FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD VICKERS, STEPHANIE L 2014 PERRY PLACE JACKSONVILLE FL 32207</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VICKERS, DAVID W 2014 PERRY PLACE JACKSONVILLE FL 32207</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>UUUUU4625380-3 -10/05/01--01073--012 ****150.00 ****150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: \_\_\_\_\_ **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/24/01  
Date

Daytime Phone #

CR2E034 (5/01)

2012



Division Of Corporations  
UBR Filings  
P.O. 1500  
Tallahassee, Fl. 32302

To Whom It May Concern:

Due to the fact that the mailing address for Vickers General Contractor, Inc. has changed, I did not receive the 2001 Uniform Business Report in time to file by the deadline. Please make the following changes, my new business mailing address is:

2014 Perry Place  
Jacksonville, Florida  
32207

My old address is:  
P.O.Box 5459  
Jacksonville, Florida  
32247

Hopefully, taking into consideration of my incorrect mailing address, the penalty will be waived.

Sincerely,

David W. Vickers  
President