

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000087295**1. Entity Name  
**WILLA CONSTRUCTION COMPANY**

Principal Place of Business 4615 N. A ST.  TAMPA FL 33609	Mailing Address 4615 N. A ST.  TAMPA FL 33609
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2. Principal Place of Business 101 EAST GOVERNMENT STREET	3. Mailing Address 101 EAST GOVERNMENT STREET
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PENSACOLA FL	City & State PENSACOLA FL
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4. FEI Number <b>59-3546560</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip 32501	Country US	Zip 32501	Country US
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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****CHASE JAMES L**  
**101 E. GOVERNMENT ST.****PENSACOLA FL**  
**32501**Name  
**CHASE JAMES L**  
Street Address (P.O. Box Number is Not Acceptable)  
**101 E. GOVERNMENT ST.**City  
**PENSACOLA FL** Zip Code  
**32501**

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 \_\_\_\_\_ **04/28/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	DP	<input type="checkbox"/> Delete
NAME	<b>CHASE BERT</b>	
STREET ADDRESS	<b>101 EAST GOVERNMENT STREET</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHASE BERT</b>	
STREET ADDRESS	<b>101 EAST GOVERNMENT STREET</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>CHASE JAMES L</b>	
STREET ADDRESS	<b>101 E. GOVERNMENT ST.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHASE JAMES L</b>	
STREET ADDRESS	<b>101 E. GOVERNMENT ST.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: JAMES L. CHASE****D****04/28/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)