

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091361

1. Entity Name

SAND HILLS CONSTRUCTION, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90107 003 ***150.00

Principal Place of Business

Mailing Address

1646 SUNNYHILLS BLVD.
SUNNYHILLS FL 32428

1646 SUNNYHILLS BLVD.
SUNNYHILLS FL 32536-8142

2. Principal Place of Business

110 Beech Ave

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1371

Suite, Apt. #, etc.

City & State

Crestview FL

City & State

Crestview FL

4. FEI Number

59-3540788

Applied For

Not Applicable

Zip

FL 32536

Country

USA

Zip

FL 32536

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKER, BOBBY J
1646 SUNNYHILLS BLVD.
SUNNYHILLS FL 32428

7. Name and Address of New Registered Agent

Name Bobby J Parker

Street Address (P.O. Box Number is Not Acceptable)

110 Beech Ave

City

Crestview

FL

Zip Code

32536

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)

Feb 22, 2000

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 \$150.00
After MAY 1, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, BOBBY J	
STREET ADDRESS	1646 SUNNY HILLS BLVD	
CITY-ST-ZIP	SUNNY HILLS FL 32428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bobby J Parker	
STREET ADDRESS	8461 Hoosa Dr PO Box 2142	
CITY-ST-ZIP	Crestview, FL 32536	
TITLE	Sec/Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miriam E Parker	
STREET ADDRESS	8461 Hoosa Dr, PO Box 2142	
CITY-ST-ZIP	Crestview, FL 32536	
TITLE	V.P. William E Lawrence	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	108 Stephens Lane	
STREET ADDRESS	Crestview, FL 32536	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/2000

Date

850-683-1902

Daytime Phone #

CR2E034 (9/99)