

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033159

1. Entity Name

V.W.C. CONTRACTING, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90030 040 ***150.00

Principal Place of Business

5346 REDWOOD LANE
PLANTATION FL 33317

Mailing Address

600 SANDLEWOOD LANE
PLANTATION FL 33317

2. Principal Place of Business

3469 NW 44 ST #205

Suite, Apt. #, etc.

205

3. Mailing Address

3469 NW 44 ST.

Suite, Apt. #, etc.

205

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

BROWARD

Zip

33309

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0912773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name ROY GRIFFITH

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

3469 NW 44 ST

205

City

FT. LAUDERDALE

FL

Zip Code

33309

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)

DATE

3/20/2001

9. This corporation is eligible to satisfy its filing requirements 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

TITLE D
NAME CONDON, WILLIAM
STREET ADDRESS 600 SANDLEWOOD LANE
CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete

TITLE D
NAME GRIFFITH, ROY T
STREET ADDRESS 3469 NW 44TH ST
CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/2001

Date

954-895-1246

Daytime Phone #

CR2E034 (10/00)