

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000033159

1. Entity Name

V.W.C. CONTRACTING, INC.

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90006 025 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5346 REDWOOD ROAD

Suite, Apt. #, etc.

City & State

PLANTATION, FLORIDA

Zip 33317

Country BROWARD

3. Mailing Address

3469 NW 44 ST

Suite, Apt. #, etc.

# 205

City & State

FORT LAUDERDALE, FLORIDA

Zip 33309

Country BROWARD

B0054475

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

7. Name and Address of Current Registered Agent

Name

ROY GRIFFITH

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

3469 NW 44 ST #205

City

FORT 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

*Roy Griffith*  
Signature, typed or printed name of registered agent and title if applicable.

ROY GRIFFITH

(NOTE: Registered Agent signature required when reinstating)

3/19/02

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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	PRESIDENT
NAME	WILLIAM CONDON
STREET ADDRESS	5346 REDWOOD ROAD
CITY - ST - ZIP	PLANTATION, FLORIDA 33317
TITLE	VICE-PRESIDENT
NAME	ROY GRIFFITH
STREET ADDRESS	3469 N.W. 44 STREET #205
CITY - ST - ZIP	FORT LAUDERDALE, FLORIDA 33309
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

*Roy Griffith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROY GRIFFITH

3/19/02

Date

Daytime Phone #

(954) 895-1246