2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900036855 1. Entity Name JOHN CORDWELL BUILDERS, INC.				Mar 20, 2000 8:00 am Secretary of State 03-20-2000 90139 014 ***150.00
Principal Place of Business 4926 N COTTOWNWOOD POINT HERNANDO FL 34442		Mailing Address 4926 N COTTOWNWOOD POINT HERNANDO FL 34442-2703		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Stat	е	City, & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip '	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
4926	DWELL, JOHN IN COTTOWNWOOD POINT NANDO FL 34442	: :	Street Ac	ddress (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
9. This corporate filling respectively.	Signature, typed or printed name of registered agent or pration is eligible to satisfy its Intangible equirement and elects to do so. ria on back) OFFICERS AND	FILE NO After MAY 1, Make Check Pa	WIII FEE IS \$150.0 2000 Fee will be \$5 yable to Department	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDWELL, JOHN 4926 N COTTOWNWOOD POINT HERNANDO FL 34442	Delete		P Cordwell. John Addition 4926 N. Cotton wood At Hernando, FL 34442-2703
TITLE NAME STREET ADDRESS CITY-ST-ZIP		i Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vardaman, John E. Change Staddition 4926 N. Cottonwood Pt Hernando FL 34442-2703
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Change Addition Cordwell-Shapen E Change Addition 4926 N. Cotton wood At. Hernando FL 34442-2703
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	Delete	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 of supplemental report is true and accutate 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 FFICER OR DIRECTOR

352-726-2710

Daytime Phone #