## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: 🕸

## Mar 08, 2001 8:00 am Secretary of State DOCUMENT # P99000039019 SWEENEY BUILDING CONSTRUCTION, INC. 03-08-2001 90027 035 \*\*\*150.00 Principal Place of Business Mailing Address 13919 NW 145TH AVE P O BOX 508 ALACHUA FL 32615-0508 ALACHUA FL 817166 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 59-3582120 Applied For 4, FEI Number City & State City & State Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURKETT, BARBARA A Street Address (P.O. Box Number is Not Acceptable) 2830 NW 41ST ST, SUITE I **GAINESVILLE FL 32606** Zip Code FL 8. The above named entity subtraits this statement for the purpose of manging its registered office or registered agent, or both, in the State of Florida. 3-6-01 tered Agent signature required when reinstating) elefe, typed or printed name of registered agent and title if applicable FILE NOW! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. X Change Addition P/S\_\_\_\_\_ ☐ Delete TITLE TITLE SWEENEY, KENNETH C NAME NAME SWEENEY, KENNETH C 13919 NW 145TH AVE STREET ADDRESS STREET ADDRESS 13919 NW 145TH AVE ALACHUA FL CITY-ST-ZIP CITY-ST-ZIP ALACHUA FL K Change ☐ Addition ☐ Delete TITLE TITLE WISE, BARBARA J NAME NAME SWEENEY, BARBARA J 13919 NW 145TH AVE STREET ADDRESS STREET ADDRESS 1-3919 NW-145TH=AVE---ALACHUA FL CITY-ST-ZIP CITY-ST-ZIP ALACHUA FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 equired 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 provered

CER OR DIRECTOR

ED NAME OF SIGNING

FILED