

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/14/00-90013-027-\$550.00-\$550.00

DOCUMENT # P99000040844

1. Entity Name

GARVIN CONSTRUCTION, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 OCT -9 PM 2:29

Principal Place of Business

824 HOLLY ST.  
ALTAMONTE SPRINGS FL 32701

Mailing Address

824 HOLLY ST.  
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

Jacksonville, Florida

3. Mailing Address

824 Holly St

Suite, Apt. #, etc.

5875 Mining Terrace

Suite, Apt. #, etc.

Altamonte Springs

City & State

Florida

City & State

Florida

Zip

32250

Country

US

Zip

32701

Country

US

4. FEI Number

59-3638538

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARVIN, ISAAC M.D.  
126 HATTAWAY DR.  
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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: President  
NAME: Isaac M. Garvin  
STREET ADDRESS: 126 Hattaway Dr  
CITY-ST-ZIP: Altamonte Springs, FL 32701

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE:

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE:

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE:

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE:

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE:

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 like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (500)