

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **99000049543**
 1. Entity Name
Orval Shelton Construction, Inc.

FILED

01 JUL -5 PM 1:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
2130 N. U.S. 1
Ft. Pierce, FL
34947

Mailing Address
P.O. Box 1992
Vero Beach, FL
32960

2. Principal Place of Business
2130 N. U.S. 1
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1992
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft. Pierce, FL

City & State
Vero Beach, FL

4. FEI Number
65-0935196

Applied For
 Not Applicable

Zip
34947

Country
St. Lucie

Zip
32960

Country
Indian River

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Orval L. Shelton
10 Seagull Avenue
Vero Beach, FL 32960

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 **Orval L. Shelton** President DATE **7-5-2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <input checked="" type="checkbox"/>	President	<input type="checkbox"/> Delete
NAME	Orval L. Shelton	
STREET ADDRESS	10 Seagull Ave.	
CITY-ST-ZIP	Vero Bch., FL 32960	
TITLE <input type="checkbox"/>	Sec. / Treasurer	<input type="checkbox"/> Delete
NAME	Linda Shelton	
STREET ADDRESS	10 Seagull Ave.	
CITY-ST-ZIP	Vero Bch., FL 32960	
TITLE <input type="checkbox"/>		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <input type="checkbox"/>		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <input type="checkbox"/>		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300004475633-3	
STREET ADDRESS	-07/16/01--01005--005	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Orval L. Shelton** DATE **7-5-2001** DAYTIME PHONE # **561-465-2800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

Orval

Shelton construction, inc.

#CGC061538

July 5, 2001

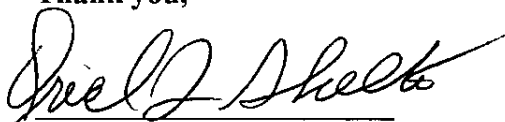
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Profit Corporation Annual Report

Dear Mr. Tyrone Scott,

As per our conversation on 7/5/01, I was advised by you to resubmit the information and check you sent back to me and explain the reason that it was not submitted on time. The reason it wasn't submitted on time was due to the fact that it was misplaced along with me being sick and deaths in the immediate family.

Thank you,



ORVAL L. SHELTON
President

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