

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S04553**

1. Entity Name

LOTT CONSTRUCTION SERVICES, INC.**FILED****Feb 26, 2001 8:00 am**
Secretary of State

02-26-2001 90496 014 ***150.00

814450

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**429 N HENNIS RD
WINTER GARDEN FL 34787
US**

Mailing Address

**P.O. BOX 2185
WINTER GARDEN FL 34777-2185
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

PO Box 771316**WINTER GARDEN, FL****34777-1316****USA**4. FEI Number **59-3036379**

Applied For

Not Applicable

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

**FLEMING, BELINDA
970 CREST AVENUE, EAST
WINTER GARDEN FL 34787**

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 \$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 **D** ☐ Delete
NAME **LOTT, JOHNNIE PAUL, JR.**
STREET ADDRESS **12952 REEVES ROAD**
CITY-ST-ZIP **WINTER GARDEN FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **LOTT, JOHNNIE PAUL, SR.**
STREET ADDRESS **175 TEMPLE GROVE DR.**
CITY-ST-ZIP **WINTER GARDEN FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **F** ☐ Delete
NAME **FLEMING, BELINDA F.**
STREET ADDRESS **970 E. CREST AVE.**
CITY-ST-ZIP **WINTER GARDEN FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)