

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90152 020 ***150.00

DOCUMENT # S40299

1. Entity Name
SOVEY ENGINEERING AND CONSTRUCTION, INC.

Principal Place of Business

P.O. BOX 892
 MOUNT DORA FL 32757

Mailing Address

P.O. BOX 892
 MOUNT DORA FL 32757

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3081908**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CLEMENT, G. EDWARD
308 E 5TH AVE
MOUNT DORA FL 32757

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 \$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

TITLE	DST	<input type="checkbox"/> Delete
NAME	SCHWALB, M. DAVID	
STREET ADDRESS	23327 E HWY 44	
CITY-ST-ZIP	EUSTIS FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHWALB, KATHRYN J	
STREET ADDRESS	23327 E. HWY. 44	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AMON, MARSHALL JR	
STREET ADDRESS	1325 MORELAND DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHWALB, KATHRYN J	
STREET ADDRESS	23327 E HWY 44	
CITY-ST-ZIP	EUSTIS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWALB, M. DAVID	
STREET ADDRESS	2455 WASHINGTON RD	
CITY-ST-ZIP	MT. DORA, FL 32757	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWALB, KATHRYN J.	
STREET ADDRESS	2455 WASHINGTON RD.	
CITY-ST-ZIP	MT. DORA, FL 32757	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWALB, KATHRYN J.	
STREET ADDRESS	2455 WASHINGTON RD.	
CITY-ST-ZIP	MT. DORA, FL 32757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC/TREAS

Date

Daytime Phone #

01-26-01 352-583-8449

CR2E034 (10/00)