

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S40299**

1. Entity Name
SOVEY ENGINEERING AND CONSTRUCTION, INC.

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90142 036 ***150.00

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

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, 2002 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 ☐ Delete
NAME **DST SCHWALB, M. DAVID**
STREET ADDRESS **2455 WASHINGTON RD**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE ☐ Delete
NAME **DP/P SCHWALB, KATHRYN J**
STREET ADDRESS **2455 WASHINGTON RD**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE ☐ Delete
NAME **P SCHWALB, KATHRYN J**
STREET ADDRESS **23327 E HWY 44**
CITY-ST-ZIP **EUSTIS FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **P KATHRYN J. SCHWALB**
STREET ADDRESS **2455 WASHINGTON RD.**
CITY-ST-ZIP **MOUNT DORA, FL 32757**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

M. DAVID SCHWALB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/02
Date

352-383-9976
Daytime Phone #

CR2E034 (9/01)