

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State
 08-29-2001 90018 034 ***550.00

0109745 AT

DOCUMENT # S49435

1. Entity Name

SLEDGE CONSTRUCTION COMPANY, INC.

Principal Place of Business

Mailing Address

81 BEECHWOOD

P.O. BOX 156

CRAWFORDVILLE FL 32327

CRAWFORDVILLE FL 32326

US

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3063318

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

BILLINGSLEY, JUDI B.

81 BEECHWOOD

CRAWFORDVILLE FL 32327

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 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BILLINGSLEY, JUDI B.**
CITY-ST-ZIP **50 ROYSTER DR**
CRAWFORDVILLE FL 32327

TITLE ☒ Change ☐ Addition
NAME **81 Beechwood**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BURGIN, GORDON L.**
CITY-ST-ZIP **1421 NANCY DRIVE**
TALLAHASSEE FL

TITLE ☐ Change ☐ Addition
NAME **2222 Demeron**
STREET ADDRESS
CITY-ST-ZIP **32312**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BILLINGSLEY, KAYNE**
CITY-ST-ZIP **6112 BUCK LAKE RD**
TALLAHASSEE FL

TITLE ☒ Change ☐ Addition
NAME **16041 Rococoa Rd**
STREET ADDRESS
CITY-ST-ZIP **32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

JUDI B. BILLINGSLEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-01

421-6872

Date

Daytime Phone #

CR2034 (5/01)