

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S52207

1. Entity Name

ALAPAHA CONSTRUCTION, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90223 016 ***150.00

Principal Place of Business

Mailing Address

1509 PLUM ST
JENNINGS FL 32053
US

P.O BOX 76
JENNINGS FL 32053-0076
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1625 NW 86th Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jasper, Florida

City & State

4. FEI Number

59-3065980

Applied For

Not Applicable

Zip

Country

32052

Zip

Country

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

ANTHONY TODD LAW
1509 PLUM ST
JENNINGS FL 32053

Name

Street Address (P.O. Box Number is Not Acceptable)

1625 NW 86th Blvd.

City

Jasper

FL

Zip Code

32052

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.

Anthony Todd Law

(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, 2000 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 NAME	STD LAW, CHARLTON, JR.	<input type="checkbox"/> Delete
STREET ADDRESS	3987 NW 63RD AVE	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE NAME	VD NEWSOME, A.C., JR.	<input type="checkbox"/> Delete
STREET ADDRESS	2672 KIM AVE	
CITY-ST-ZIP	VALDOSTA GA 31601	
TITLE NAME	PD LAW, ANTHONY TODD	<input type="checkbox"/> Delete
STREET ADDRESS	1509 PLUM ST	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1625 NW 86th Blvd	
CITY-ST-ZIP	Jasper, FL 32052	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Anthony Todd Law

Date

Daytime Phone #

904/938-5000

CR2E034 (9/99)