

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90025 047 ***550.00

DOCUMENT # **577257**

1. Entity Name
ALAQUA CONSTRUCTION, INC. ✓

Principal Place of Business
2596 CR 564
Bushnell, FL

Mailing Address
P.O. Box 121458
CLERMONT, FL
34712

2. Principal Place of Business
2596 CR 564
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 121458
 Suite, Apt. #, etc.

City & State
Bushnell, FL **Clermont, FL**

Zip Country Zip Country
33512 **Sumter** **34712** **LAKE**

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3080906

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LETHA L. COSSON
2596 CR 564
Bushnell, FL 34712

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$160.00
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

TITLE	President, Sec, Trea.	<input type="checkbox"/> Delete
NAME	LETHA L. COSSON	
STREET ADDRESS	2596 CR. 564	
CITY-ST-ZIP	Bushnell, FL 33512	
TITLE	V. President	<input type="checkbox"/> Delete
NAME	WILLIAM T. COSSON	
STREET ADDRESS	2596 CR. 564	
CITY-ST-ZIP	Bushnell, FL 33512	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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			
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: **Letha L. Cossan** Date: **09/10/00** Daytime Phone #: **352-568-7250**

CR2E034 (9/99)