

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90132 030 ***550.00

DOCUMENT # S77257

1. Entity Name
ALAUCA CONSTRUCTION, INC.

Principal Place of Business
2596 CR 564
BUSHNELL NC 33512

Mailing Address
PO BOX 121458
CLERMONT FL 34712



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 264

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Webster, FL

4. FEI Number **59-3080907**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33597 Sumter

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

COSSON, LETHA L
2596 CR 564
BUSHNELL FL 34712

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PST	COSSON, LETHA L	2596 CR 564	BUSHNELL FL 33513				
VP	COSSON, WILLIAM T	2596 CR 564	BUSHNELL FL 33513				

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. Cosson **REQUIRED** Date: 07/21/02 Daytime Phone #: 352-223-0847

CR2E034 (4/02)