**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 26, 2002 8:00 am Secretary of State DOCUMENT # F97000001332 1. Entity Name **BACON CONSTRUCTION COMPANY** 02-26-2002 90022 014 \*\*\*150.00 Principal Place of Business Mailing Address 2002 RICHARD JONES RD., B-203 PO BOX 158991 NASHVILLE TN 37215 NASHVILLE TN 37215 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 62-1395364 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BACON, BILLY J JR Street Address (P.O. Box Number is Not Acceptable) 280 GULFSHORE BLVD., N. NAPLES FL 34102 City 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE BACON, BILLY J JR NAME NAME STREET ADDRESS 280 GULFSHORE BLVD., N. STREET ADDRESS CITY-ST-ZIP NAPLES FL 34102 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME BACON, NICKI R NAME STREET ADDRESS STREET ADDRESS 280 GULFSHORE BLVD., N. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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.