

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90447 013 ***150.00

DOCUMENT # P09735

1. Entity Name
SALIBA CONSTRUCTION CO., INC.

| | |
|--|--|
| Principal Place of Business 1147 N PARK AVE. DOTHAN AL 36303 US | Mailing Address 1147 N PARK AVE. DOTHAN AL 36303 US |
|--|--|

817589



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|---------------------------------|--|
| City & State | City & State | 4. FEI Number 63-0415483 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | 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

WILKINSON, THOMAS C.
115 N. JEFFERSON ST.
MARIANNA FL 32446

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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 \$150.00
After MAY 1, 2001 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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|--|--|
| TITLE | NAME | TITLE | NAME |
| CD <input type="checkbox"/> Delete | SALIBA, RICHARD 676 TRAWICK RD. DOTHAN AL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STD <input checked="" type="checkbox"/> Delete | SALIBA, KAREN 676 TRAWICK RD. DOTHAN AL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| PD <input type="checkbox"/> Delete | SALIBA, RICHARD JAMEEL 6 HOLLY HILL RD. DOTHAN AL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| V <input type="checkbox"/> Delete | PALMER, WILLIAM M ROUTE 2 BOX 272AA SLOCOMB AL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 1003 HIGHLAND RD. SLOCOMB, AL 36375 |
| V <input type="checkbox"/> Delete | JAGGEARS, STEVE A. 2588 BEDDINGTON WAY SUWANNEE GA | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STD <input type="checkbox"/> Delete | JANE R. SALIBA 6 HOLLY HILL ROAD DOTHAN, AL 36305 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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: Richard J. Saliba **RICHARD J. SALIBA** 3-15-01 / 334-792-9871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)