

# 2002 UNIFORM BUSINESS REPORT (UBR)

0113728 AT

**DOCUMENT # P93000021129**

1. Entity Name  
**AFRICAN-AMERICAN CONTRACTORS ASSOCIATION, INC.**

APPROVED  
AND  
FILED

02 AUG -8 PM 12:36

Principal Place of Business  
**1344 N DAVIS ST  
JACKSONVILLE FL 32209**

Mailing Address  
**1344 N DAVIS ST  
JACKSONVILLE FL 32209**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3171191**

Applied For  
Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ALFORD, JAMES D III  
8039 LEXINGTON DR N  
JACKSONVILLE FL 32208**

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 \_\_\_\_\_ (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 \$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	<b>D</b> <b>ALFORD, MAGGIE</b> <b>8039 LEXINGTON DR</b> <b>JACKSONVILLE FL 32208</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <del><b>WILSON, ROBERT L</b></del> <del><b>8612 OAK LEAF</b></del> <del><b>JACKSONVILLE FL 32209</b></del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALFORD, JAMES D III</b> <b>8039 LEXINGTON DR</b> <b>JACKSONVILLE FL 32208</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800007113688--3</b> <b>-08/14/02--01067--021</b> <b>*****150.00 *****150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **July 31, 2002**  
Daytime Phone #

CR2E034 (4/02)

# **African-American Contractors Association, Inc.**

1344 North Davis Street  
Jacksonville, Florida, 32209

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Phone (904) 356-4454  
Fax (904) 353-2721

August 8, 2002

Florida Department of the State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Subject: Waiver of The \$400.00 Late Fee.

Dear Sirs:

We are requesting that you waiver the \$400.00 late fees. We did not receive the prior notice in the mail.

Thank you,

Maggie Alford , Director