

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012996 (0)

1. Entity Name

ALL Phase Construction, Inc.

FILED

00 JUL 11 PM 3:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

4044 Packard Dr
Jacksonville, FL
32246 Duval

PO Box 19775
Jacksonville FL
32245 Duval

2. Principal Place of Business

3. Mailing Address

4044 Packard Dr
Suite, Apt. #, etc.

PO Box 19775
Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

Jacksonville FL

Zip

Country

Zip

Country

32246 Duval

32245 Duval

4. FEI Number

59-3419291

Applied For

Not Applicable

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

Thomas, Bobby E
4044 Packard Dr
Jacksonville FL
32246

Name

Thomas, Bobby E

Street Address (P.O. Box Number is Not Acceptable)

4044 Packard Drive

City

Jacksonville

FL

Zip Code

32246

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when amending)

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 \$150.00

ANY MAY 15, 2000 DEADLINE FOR FILING
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	Thomas, Bobby E 4044 Packard Dr Jacksonville, FL 32246	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0000003327710 -07/19/00-01050-017 ***158.75 ***158.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Bobby E Thomas

Bobby E Thomas

6/1/00

404 465 4058
404 725 3122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DEPARTMENT OF STATE