

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012996

1. Entity Name
ALL PHASE CONSTRUCTION COMPANY, INC.

Principal Place of Business
4044 PACKARD DRIVE
JACKSONVILLE FL 32246
US

Mailing Address
P.O. BOX 19775
JACKSONVILLE FL 32245

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3419291

Applied For
☒ Not Applicable

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

THOMAS, BOBBY E
4044 PACKARD DRIVE
JACKSONVILLE FL 32246

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.

SIGNATURE Bobby E Thomas
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/1/01

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 12, 2001 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 ☐ Delete
P THOMAS, BOBBY E
STREET ADDRESS 4044 PACKARD DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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.

SIGNATURE: Bobby E Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/01 904 467 4078
Date

FILED

01 AUG 14 PM 1:23

SECRETARY OF STATE

FLORIDA

7/10/01 900161040 \$158.75

DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

Attachment

page 1 of 2

8/1/01

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Division of Corporations,

I would like to request that my corporation be charged the original amount due in April 2001. Last year there was confusion with payment and I ended up paying twice to avoid any late fees. When I requested the refund last year I was told that it would apply for 2001. I called in February 2001 and was told it would be applied and there was no mention of resending new form or additional funds. I was under the impression that all of this had been taken care of. Please consider the amount of payment due in April which the division has had since ²⁰⁰¹ July 2000. for payment on my corporation.

Attachment

page 2 of 2

I have enclosed \$8.75
additional fee to get
a copy of the corporation
certificate so I'll have it
for my records to indicate to
me that this has been resolved.

If any questions please call
me 904 465 9058

thanks

Bobby E Thomas 8/1/01
Bobby E Thomas

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