

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90002 004 ***150.00

DOCUMENT # P98000095693

1. Entity Name
ALL PHASE CONSTRUCTION OF HERNANDO INC

f

Principal Place of Business Mailing Address
 18855 SAKORA RD 2170 MARINER BLVD.
 HUDSON FL 34667 SPRING HILL FL 34609-3859

2. Principal Place of Business 3. Mailing Address
10141 Old Hickory Ln *PO Box 15061*
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Port Richey FL *Brooksville FL* **59-3547644** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
34668 *USA* *34609* *USA* Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
DEANGELIS, VINCENT J
 18855 SAKORA RD
 HUDSON FL 34667
 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 _____ 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. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **After MAY 1, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P LEWIS, KENNETH L 18855 SAKORA RD HUDSON FL 34667	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>President</i> <i>Lewis, Kenneth L</i> <i>10141 Old Hickory Ln</i> <i>Port Richey FL 34668</i> <i>Vice President</i> <i>Vincent J DeAngelis</i> <i>18716 Montavenda Dr.</i> <i>Spring Hill FL 34660</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Vincent J DeAngelis* **Vincent DeAngelis** *1-26-00 727-869-3948*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)