

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90040 029 ***150.00

DOCUMENT # P99000014702

1. Entity Name

AHEARN CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

616 N. CARROLLTON AVE 616 N. CARROLLTON AVE.
 NEW ORLEANS, LA 70119 NEW ORLEANS, LA 70119

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

72-1452883

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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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

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

(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 \$150.00
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

TITLE	DIRECTOR	j	Delete
NAME	MATTHEW M. AHEARN		
STREET ADDRESS	616 N. CARROLLTON AVE.		
CITY - ST - ZIP	NEW ORLEANS, LA 70119		

TITLE		j	Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE		j	Delete
NAME			
STREET ADDRESS			
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CITY - ST - ZIP			

TITLE		j	Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE		j	Change	j	Addition
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CITY - ST - ZIP					

TITLE		j	Change	j	Addition
NAME					
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 507, 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

Daytime Phone #

MATTHEW AHEARN 5/19/00

504-488-8276