

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071558

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90107 029 ***150.00

1. Entity Name
ATD CONSTRUCTION, INC.

Principal Place of Business

9309 9TH AVE.
 TAFT FL 32824

Mailing Address

9309 9TH AVE.
 TAFT FL 32824-9186

2. Principal Place of Business

824 Silversmith Cir

Suite, Apt. #, etc.

3. Mailing Address

824 Silversmith Cir

Suite, Apt. #, etc.

City & State

Lk Mary FL

City & State

Lk Mary FL

Zip

32746

Country

USA

Zip

32746

Country

USA

4. FEI Number

59-3526681

Applied For

Not Applicable

5. Certificate of Status Desired - ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DELILE, ALAN T
9309 9TH AVE.
TAFT FL 32824

7. Name and Address of New Registered Agent

Name

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

824 Silversmith Cir

City

Lk Mary

FL

Zip Code

32746

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	D	<input type="checkbox"/> Delete
NAME	DELILE, ALAN T	
STREET ADDRESS	9309 9TH AVE.	
CITY-ST-ZIP	TAFT FL 32824	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	824 Silversmith Cir	
CITY-ST-ZIP	Lk Mary FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Alan T. Delile
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/00

Daytime Phone #

407 324-5804

CR2E034 (9/99)